

(401) 398-1965

From South: Exit 6C and take a right at the light onto US-6W. Drive 2.8 miles and Aim High Academy II will be on the left hand side.

From North: Exit 6B onto US-6W/Foster. Drive 2.8 miles and Aim High Academy II will be on the left hand side.

I-295:



Directions to Aim High Academy II

(401) 398-1965

From South: Exit 6C and take a right at the light onto US-6W. Drive 2.8 miles and Aim High Academy II will be on the left hand side.

From North: Exit 6B onto US-6W/Foster. Drive 2.8 miles and Aim High Academy II will be on the left hand side.

I-295:



Directions to Aim High Academy II



You Are Invited
To a Birthday Bash At
Aim High Academy II !



FOR _____
DATE _____
TIME _____
RSVP _____



Happy Birthday!



You Are Invited
To a Birthday Bash At
Aim High Academy II !



FOR _____
DATE _____
TIME _____
RSVP _____



Happy Birthday!



****Reminders****

- 1. Arrive on time with lots of energy & a big smile!!
- 2. Party guests should wear gym clothes (active wear)
- 3. Please call 401-398-1965 if you have any questions or need more information!

4. Bring Permission Slip



2952 Hartford Avenue Johnston, RI 02919
 (401) 398-1965 Fax (401) 398-0285
 www.aimhighacademy.com

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Permission Slip

Bring to Aim High II on day of the Party

Child's Name: _____ D.O.B. ___/___/___

Parent Name: _____

 Address: _____

City: _____ State: _____ Zip : _____

Emergency Contact Name & #: _____

Email*: _____

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving sports, coordination events, and fitness training which could cause injury to them. You agree that your son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might otherwise have to sue us, our employees, owners, officers, or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendation whether your son or daughter is physically fit for any exercise activity. If your son or daughter has any physical condition that may impair their ability to engage in these activities it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program.

Signature: _____ Date: _____

Permission Slip

Bring to Aim High II on day of the Party

Child's Name: _____ D.O.B. ___/___/___

Parent Name: _____

 Address: _____

City: _____ State: _____ Zip : _____

Emergency Contact Name & #: _____

Email*: _____

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving sports, coordination events, and fitness training which could cause injury to them. You agree that your son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might otherwise have to sue us, our employees, owners, officers, or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendation whether your son or daughter is physically fit for any exercise activity. If your son or daughter has any physical condition that may impair their ability to engage in these activities it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program.

Signature: _____ Date: _____