



Birthday Party Registration Form

Date Reserved: _____ Saturday: 2:00 to 4:00pm Saturday: 4:30 to 6:30pm

Anticipated number of children: _____ Cost: \$250 up to 20 children. \$10 per each additional child _____

Deposit at the time of registration \$100.00 (refundable only if the gym is closed due to weather or other emergency.)

\$ _____ /type _____ /date _____ /received by _____

Who's Birthday Party: _____ Age: _____

Birthday child's name: _____ M/F Age: _____ Date of Birth: _____ (Last, First, Middle Initial)		
Address: _____ City: _____ State: _____ Zip: _____ (Street, Apt.)		
Parent/Guardian's Name: _____ Phone: _____ Cell: _____		
Emergency Contact Name : _____ Phone: _____ Cell: _____		
Relationship to child: _____		

Consent and Release Agreement

I accept that gymnastics is an inherently dangerous and any physical activity involving motion or height can cause serious, permanent or fatal injury. I will support and abide by the gym rules and policies. I declare that the above-named child(ren) has had a medical examination within the last twelve months and is [physically capable of participating in physical activities at the birthday party. I also declare the above-mentioned child carries their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at Win-Win Gymnastics during the birthday party. In the event of injury or illness, every effort will be made to contact the parents or guardian. I authorize Win-Win Gymnastics to administer first aid and/or medical treatment. I waive the option to sue should my child incur an injury and agree to forever release Win-Win Gymnastics and its owners, employees or agents from any and all liability of whatever kind of nature.

I will provide Win-Win Gymnastics with a name list or the children that I have invited to the party at least five days in advance of the party. I will inform the parents/guardian(s) of the guest children that they need to sign a Consent and Release form in order for their child to participate in any physical activity at the party.

I will obey safety notes and signs posted at Win-Win Gymnastics for the safety of every child at the party.

Signature of Parent / Guardian _____ **Date:** _____



Birthday Party Guest Consent and Release Agreement

Date of Party: _____ Time: _____ Who's Birthday Party: _____

Guest's Name: _____ M/F Age: _____ Date of Birth: _____
(Last, First, Middle Initial)

Guest's Name: _____ M/F Age: _____ Date of Birth: _____
(Last, First, Middle Initial)

Guest's Name: _____ M/F Age: _____ Date of Birth: _____
(Last, First, Middle Initial)

Guest's Name: _____ M/F Age: _____ Date of Birth: _____
(Last, First, Middle Initial)

Emergency Contact (if you are not staying with the party): _____

Relationship to Child: _____ *Phone:* _____

Consent and Release Agreement

The child(ren) named above were invited to attend today's birthday party at Win-Win Gymnastics. I accept that gymnastics is inherently dangerous and any physical activity involving motion or height can cause serious, permanent or fatal injury. I declare that the above named child(ren) has/have had a medical examination within the last 12 months and is physically capable of participating in physical activities at the birthday party. I also declare that the above child(ren) carries his/her own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while attending this birthday party. I authorize Win-Win Gymnastics to administer first aid and/or medical treatment if necessary. I waive the option to sue should the child(ren) named above incur an injury and agree to forever release Win-Win Gymnastics and its owners, employees or agents from any and all liability of whatever kind of nature.

I will obey rules and signs posted at Win-Win Gymnastics or directed by Win-Win Gymnastics' staff for the safety of every child at the party.

Signature of Parent / Guardian _____ **Date:** _____