

Party Date: _____



Saturdays

- 12:00-1:30
- 12:30-2:00
- 1:00-2:30
- 1:30-3:00
- 2:00-3:30

Name: _____ DOB: _____ Age: _____

Parents: _____ Address: _____

_____ Email: _____

Member: _____ \$190.00 Start: _____ Up to 12 Guests

Non Member _____ \$220.00 End: _____ Maximum 18 Guests

Deposit: _____ \$50.00 (Non-refundable) Total #: _____

PARTY GUIDELINES

- 1) Only guests are permitted in the gym. All other individuals must remain in the lobby, for safety purposes. Guests under the age of 3 must be accompanied by an adult at all times.
- 2) Guests must stay with the coaches at all times.
- 3) Parents must remain in the lobby and are not permitted on any of the gymnastics equipment.
- 4) All guests should wear comfortable clothing; no socks or shoes.
- 5) All guests should arrive about 10 minutes early.
- 6) At the conclusion of the party, each guest will receive a goodie bag and the birthday child will receive a WAKE Gymnastics tshirt and a trophy.

Liability Waiver

I understand that gymnastics is in itself inherently dangerous and carries the risk of catastrophic injury. The above named student(s) has/have had a medical examination within the last twelve months and is/are capable of participating in the sport of gymnastics. In the event of injury or illness, every effort will be made to contact the parent/guardian. If necessary, I authorize WAKE Gymnastics to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child(ren)'s participation at WAKE Gymnastics. I hereby, for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against WAKE Gymnastics, their agents or representatives; for any injury or damage that may be suffered by me, my child adopted or otherwise, in connection with my association or entry in gymnastics or any other activities sponsored by WAKE Gymnastics. I understand that there is a NO REFUND policy and a \$35 charge for returned checks.

Signature: _____ Date: _____