



Birthday Party Registration form

Date Requested: Sunday, _____ 9:00 am to 11:00 am
 12:00pm to 2:00 pm

Anticipated number of guest children: _____ Non-refundable deposit: \$ _____

Birthday Child's Name: _____ M/F Age: _____ Date of Birth: _____ (Last, First, Middle Initial)	
Address: _____ (Street, Apt., City, State, Zip)	
Parent/Guardian Name: _____ Telephone: _____ (Last, First, Middle Initial)	
Secondary Phone: _____ Email Address: _____	
Emergency Contact Name: _____ Telephone: _____ (if different from above) (Last, First, Middle Initial)	

Consent and Release Agreement

I accept that gymnastics is 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 that the above 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 birthday party at least 5 week 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.

Parents or Guardian's Signature _____ **Date** _____

OFFICE USE ONLY							
Today's Date	Deposit	Service Type	Anticipated cost	Cash/Ck/CC	Balance	Due	Initial
Date of Party	Actual No. of guests	Actual cost	Payment	Cash/Ck/CC			Initial