

STEP 1: *Student/Family Information*

Student: _____ Girl ___ Boy ___ Age ___ Birth Date ___/___/___
 (Last Name) (First Name)

Mailing Address: _____
 (Street) (City) (State) (Zip Code)

Cell Phone # (____) _____ Email Address: _____

Medical Problems: _____

STEP 2: *Birthday Party Information*

Party Date: _____ Estimated Number of Children: _____

Requested Party Time (please circle one): 12:30pm. 2:00pm **7/13-8/24:** 11:30AM

Gymnastika Party: Rules and Policies

1. As legal guardian of the above named student, I certify that he/she is physically fit to perform in all activities involved during the Gymnastika Birthday Party, is not currently under medical care, and is not receiving medication for any condition which would limit participation in any way, except listed above.
2. I understand that any activity involving motion or height contains the risk of accidental injury and that this risk can never be totally eliminated, even under the supervision of properly trained and qualified instructors using modern & safely designed equipment. Gymnastika, its coaches and other staff members, will not accept responsibility for injuries sustained by any child participating in the Gymnastika Birthday Party during the course of gymnastics instruction or activities.
3. I understand that no parents or friends are allowed inside the gym during the party.
4. Gymnastika will not be held responsible for items which are lost during the party.
5. I understand that all guests participating in the gym must be at least 4 years old and maximum 14 years old.
6. I understand that the deposit made to reserve a date for the party (\$50) is in no way refundable.
7. I understand that if the final count given for the number of children attending is 15 or more, Gymnastika will invite two instructors. If in this case less than fifteen children attend, the final charge will still be for 15. This same policy will be applied if the final count is 25 or greater, allowing for three instructors, and less than 25 children actually attend the party.
8. I understand that if I exceed my 30 minutes in the birthday party room beyond the 10 min grace period, I will be charged \$50 for an additional half hour in the birthday party room.

... I have read and understand the Rules & Policies listed above for a Gymnastika Birthday Party

 (Legal Guardian's Signature)

 (Date)

Birthday Party Deposit:

Deposit Amount: \$ _____

Payment Type: Credit Card/ Cash/ Check: _____

