

Birthday Party Application

A birthday for _____ who is turning ____ on _____.

First choice of Party Date and Time Requested _____

Second choice of Party Date and Time Requested _____

Average Age of Participants _____

A \$50 Non-Refundable Deposit is required ASAP to secure your booking.
The remainder of the payment is due **at least two weeks** before the date of your party.

Refunds will not be issued for cancellations after two weeks before the date of your party. Calico Gymnastics Club will do their best to work with you to reschedule your party.

Confirmation of attendance numbers and Party Package must be done at least one week prior to your party booking. This is to ensure we are able to schedule enough coaches to cover your party. Party Packages are listed below. Please indicate your Maximum Party Package at the time of booking. This will be based on the number of invitees, plus the birthday child and any siblings that will be participating.

I do hereby acknowledge that I am aware of all activities normally required in and associated with participation in the Calico Gymnastics Club. I acknowledge that there is a potential risk of injury involved. I waive and release and forever discharge any and all rights and claims for damage which may have, or may hereafter accrue to the participant against Calico Gymnastics Club, the organizers, or their respective officers, agents and representatives.

Parents Name _____

Email Address _____

Phone Numbers _____

Party packages

	Max	Office Use Actual
1½ hours on the floor & ½ hour for cake and presents		
1 – 7 Participants \$100	<input type="checkbox"/>	<input type="checkbox"/>
8 – 14 Participants \$150	<input type="checkbox"/>	<input type="checkbox"/>
15 – 21 Participants \$200	<input type="checkbox"/>	<input type="checkbox"/>
22 – 28 Participants \$250	<input type="checkbox"/>	<input type="checkbox"/>

Please keep a copy of this Application for your records.

All participants are required to have a FULLY COMPLETED Waiver Form handed into the gym before they will be allowed on the floor for the party. This includes each child attending your Party. Multiple children with the same Parent/Guardian can be listed on one Waiver Form.



WAIVER FORM

**WAIVER FORM MUST BE FILLED OUT COMPLETELY
OR PARTICIPANT(S) WILL NOT BE ALLOWED ON THE FLOOR**

In order to use one form for multiple Participants the Participants **MUST ALL** have the same Parent/Guardian **AND** must be attending the same Party or Drop-In. No exceptions.

Name of Participant #1: _____ Age of Participant: _____ Male/Female

Name of Participant #2: _____ Age of Participant: _____ Male/Female

Name of Participant #3: _____ Age of Participant: _____ Male/Female

Name of Participant #4: _____ Age of Participant: _____ Male/Female

Name of Parent/Guardian(s): _____

Home Address: _____

Mailing Address: _____

Home Phone No: _____ Cell Phone No: _____

In the event of accident, injury or illness involving any child of mine (specifically including my child{ren} named above as "participant") while in, on or about the premises of Calico Gymnastics Club or participating in any activity sponsored by or under the stated:

- 1) I hereby voluntarily authorize and consent to myself, my spouse, or any child of mine for any necessary medical care, attention, and treatment by any hospital, as any physician may deemed necessary or advisable, including x-ray examination, anesthetic, medical or surgical procedure.
- 2) I agree to pay the cost of such medical care, attention or treatment deemed necessary.
- 3) I understand Calico Gymnastics Club is not responsible for any such liabilities that may occur in, on or around the gym.

It is understood that efforts shall be made to contact legal guardians prior to treatment of the child, but that any above treatment will not be withheld if the undersigned cannot be reached,

Signature of Parent/Guardian

Date