Birthday Party Contract

www.worldofgymnasticsandcheer.com (770) 516-6898
104 Victoria North Court Woodstock, Ga. 30189 E-mail: worldofgymnastics@gmail.com

Deposit Paid

Last Name	Parent First Name	Contact Phone Number

* Party Information & Parties are on Saturdays *

Month of Party	Sat. Date Only	Circle Your Preferred Time	Circle the Type of Party	Circle the number of Children Attending	Member?
Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.		1:00 2:00 3:00 4:00 5:00	Standard Inflatable Glow or Nerf	0-15 Participants 16-20 (Extra $60 Charge for 2nd Instructor)	Yes No

Paper Product Colors (Can Circle up to Two Colors)	Pink	Purple	Red	Royal Blue or White	Will Use Our Own Products	Are you planning on serving ice cream Yes / No

* Birthday Child Information *

Child's Name	D.O.B.	New Age	Circle
			Boy or Girl

Special Requests Or Child with Special Needs

* Parent Information *

Street Address	City	Zip

E-Mail

Payment

I authorize World of Gymnastics & Cheer to charge my credit card the $50 non-refundable birthday deposit.

Signature of Authorization: **Date:**

Type of Card	Card Number	Exp.	3 Digit CID
Visa Mastercard Discover			

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent or Legal Guardian_____**Date:**_____

Special Needs

Y N

Are there any physical, mental or emotional needs we need to be aware of when working with your child? If yes, please list specific needs:

Waiver

Registration Agreement & Understanding

World of Gymnastics and Cheer Assumption of Risk, Waiver of Liability, Medical Authorization

As legal guardian of_____hereafter, child(ren), I recognize that potentially severe injuries\including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. In addition, swimming or activities in or around water can result in brain damage or drowning. I am also aware that participation in camps may present similar dangers. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all programs, camps, birthdays and other activities at World of Gymnastics and Cheer and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I, on my behalf and the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE World of Gymnastics and Cheer its officers, directors, shareholders, employees or agents from liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision or control of World of Gymnastics and Cheer including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I authorize my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold World of Gymnastics and Cheer and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all future medical expenses which may be incurred by my child (ren) as a result of any injury sustained while participating at or for World of Gymnastics and Cheer.

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Parent or Legal Guardian_____Date:_____

Standard Inflatable Glow or Nerf Deluxe Gym., Standard Gym., Nerf, Glow, Inflatable

Special Needs

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Thank You for Being a Part of Our