

Midwest Gymnastics

6500 Dublin Pk Dr. 43016

(614) 764-0775

Birthday Party Agreement

Parents Name: _____

Child's Name: _____ Age _____ Current Student Yes No

Address: _____ Phone: (____) _____

T Shirt Size: Child S M L Adult S M L

Party Date: _____ **Time:** _____ **Staff** _____

Approximate number of children: _____

Basic Party \$ 125.00 \$10.00 discount for current students.

A \$50.00 non-refundable deposit is required. If over 10 guests the fee is \$12.50 per child.

If your guests list total more than 15, we may need to add an additional instructor. Please notify us at least seven days prior to your party.
The maximum number per party is 24.

In accepting this contract, you acknowledge the following:

1. Other parties may precede or follow yours; therefore it is very important that the two hours is strictly adhered to.
2. We supply a special Midwest T-shirt for the Birthday child. We also provide tablecloth, plates, cups, silverware, and napkins. *You provide all refreshments, candles, or any special decorations/plates.*
3. A parent or adult must supervise small siblings.
4. In case of inclement weather, every effort will be made to contact and re-schedule your party.
5. ***All children attending the party will need a parent signature on the form provided. If a child is without a signature they will not be permitted to participate in the gym activities!***
6. No alcohol, tobacco or firearms allowed in the facility.

Signature _____

\$125 - Deposit: _____ CK # _____ -discount _____ - sub total _____ +

extra children _____ x \$12.50 = _____ **Balance Due** _____ **CK#** _____

Release Agreement

Acceptance of this contract for a Birthday Party is without assumption of responsibility of any kind by Midwest Gymnastics & Cheerleading, Inc. (MGC) for injuries or losses, which may be suffered or sustained in connection with activities during the period of the party. Birthday party participants are expected to carry their own accident and/or medical insurance. Coaches/Instructors of MGC are very safety conscious and follow all appropriate safety procedures in accordance with the United States Gymnastics Federation (USAG) for the instruction of gymnastics. In the event of an injury or illness, every effort will be made to contact the Parents or Guardian. By signing this agreement, I understand and acknowledge A). The risks involved in the sport of gymnastics, B). Physical injury may result in partaking of this activity, and C). I authorize MGC to administer any minor first aid needed.

Child's Name (print)	Parent Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

Please encourage the guests to follow all rules discussed at the beginning of a party. If a guest cannot comply with these rules, they will be asked to sit in the lobby with parental supervision.

Thank you for choosing us for your child's birthday party. Every effort will be taken to ensure a SAFE and Fun time for ALL of the children.