



THE VICTORS GYMNASTICS

For information call 663-4810

R-06/16



BIRTHDAY BASH PARTY REGISTRATION FORM

CHILD'S NAME: _____

PARENT'S NAME _____

HE/ SHE WILL BE: _____ Years Old

ADDRESS/ ZIP CODE _____

BIRTHDATE: _____

CITY _____

HOME PHONE _____

VICTORS GYM MEMBER: Yes _____ No _____ Expires _____

NO. OF GUESTS: _____ AGE RANGE: Youngest _____ Oldest _____

FIRST CHOICE: Day _____ Date _____ Time _____

SECOND CHOICE: Day _____ Date _____ Time _____

THIRD CHOICE: Day _____ Date _____ Time _____

PARTY COST: \$ _____ (Up to 15 guests, including birthday guest: \$179 Members, \$199 Non-members)

ADD'L GUESTS (): \$ _____ (\$8.00 for each additional guest)

TOTAL COST: \$ _____

DEPOSIT \$ **50. 00**

BALANCE DUE: \$ _____ (Due on or before day of party)

REFUND POLICY: Deposit is non-refundable. All other fees are refundable if and only if your party is canceled no later than two weeks prior to the scheduled party date.

Please make checks payable to:

THE VICTORS GYMNASTICS, INC.

P.O. Box 16392
Rochester, NY 14616

CLUB WAIVER AND RELEASE

We, the staff of The Victors Gymnastics recognize our obligation to make our birthday party guests and their parents aware of the risks and hazards associated with the sport of gymnastics. Although safety is first and foremost and safety precautions are taken, guests may suffer injuries, possibly minor, serious, or catastrophic in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the instructors' instructions.

The Victors Gymnastics, its instructors and other staff members, will not accept responsibility for injuries sustained by any guest during the course of this gymnastics birthday party. With this in mind, and being fully aware of the risks and possibility of injury involved, I the undersigned consent to have my child and his/her guests participate in the gymnastics birthday party program offered by The Victors Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I, my child or guests have against The Victors Gymnastics and or its representatives whether paid or volunteer.

I understand that it is the parents' responsibility to warn their children about the dangers of gymnastics and injury. Each parent should warn their child according to what that parent feel is appropriate. The Victors Gymnastics will only warn the children through "safety messages" and our instruction style and progressions.

Parent or Guardian Signature _____

Date _____

PLEASE DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY