

Flip 'n' Wicked GYMNASISTICS

Birthday Party Registration Form

Party Information:

FW Gym Member: YES NO

Date: _____	Estimated Children: _____
Time: _____	Estimated Adults: _____
Birthday Child's Name:	Age: ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
	Birth Date: _____
Home Address:	Home Phone Number: _____
	Cell Phone Number: _____
Mother's Name:	Father's Name: _____
email: _____	
Allergies/ Medications: _____	
How did you hear about Flip 'n' Wicked? _____	

I, the undersigned, give my daughter/son permission to participate at Flip 'n' Wicked Gymnastics and agree to pay all of the fees outlined, and I have read the Club's Policies and Procedures. I also understand and agree that Flip 'n' Wicked Gymnastics reserves the right, at any time, to void the membership for any action by the member that the Club deems unsuitable, unsafe, or dangerous. I hereby release Flip 'n' Wicked Gymnastics, its staff members, and volunteers, from all claims for damage and/or injuries arising from participation by myself and/or my child, during any program or in the facility. I hereby give permission for Flip 'n' Wicked Gymnastics staff to arrange for any first aid care including emergency transportation if necessary.

Optional:

I allow any photos and/or videos taken of my child to be used for promotional purposes.

- Yes
 No

Please note:

1. Please be advised that our facility is a peanut-free.
2. No alcohol, cigarettes, or e-cigarettes are allowed in the facility.
3. Party deposits are non-refundable. Balance is due before the party begins. Additional charges will be incurred should the party room be excessively left untidy.
4. For safety reasons, children under 3 are not allowed in the gym without a parent. Parents are not permitted on the equipment.
5. Please arrive 15 minutes before your party.
6. Please call to confirm number of guests before the party.
7. Parents of all guests must sign a Birthday Party Waiver Form.

Important!

Please ensure that parents of all the children attending the party have a copy of the waiver printed in their invitation. They must sign the waiver and bring it to the party in order to participate.

PARENT OR GUARDIAN CONSENT OF PARTICIPATION AND WAIVER

I acknowledge that I have read and accepted Flip 'n' Wicked Gymnastics Policies and Procedures. I hereby release Flip 'n' Wicked Gymnastics and all its employees and volunteers from all claims, demands, losses, actions, suits, or proceedings rising out of the participation in any programs offered in the facility. I understand the Flip 'n' Wicked Gymnastics has tried to create a safe and controlled environment for participation and has established rules for participation in the gymnasium may result in removal from the class or event without a refund.

Parent Signature

Date

For Office Use Only

<p>Upon Booking:</p> <p>Deposit: _____ (min. \$50.00)</p> <p>Date: _____</p> <p>Waivers received: _____ (y/n)</p> <p>Staff Signature: _____</p>	<p>Before Party:</p> <p>Confirmed # of children: _____</p> <p>Cost of Party: _____</p> <p>HST (on total cost): _____</p> <p>Balance (- deposit): _____</p>	<p>Amount Due: _____</p> <p>Payment: _____</p> <p>Method of Payment: _____</p> <p>Received by: _____</p>	<p>Staff or Volunteers:</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____
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