



**Birthday Party Form**  
**1 ½ Hour Gymnastics Party**  
**Cost \$175 for up to 10 Children,**  
**\$15.00 for each additional Child**

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Parents' Name** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Estimate of number of participants** \_\_\_\_\_

**\$60 deposit required (non-refundable)**

**Date Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_ **CC** \_\_\_\_\_

**Date of Party** \_\_\_\_\_

**Time of party** \_\_\_\_\_

**Confirmation of # of children attending** \_\_\_\_\_

**Balance Due on the day of the Party:**

**Parent Signature:** \_\_\_\_\_

**TOTAL NUMBER IN PARTY:** \_\_\_\_\_

**Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**STATE OF NORTH CAROLINA UNION COUNTY**  
**Release Agreement and Assumption of Risk**

IN CONSIDERATION of the covenants herein contained and agreement with Southeastern Gymnastics Inc., its officers, agents and employees, for My Child/Children\_\_ My Ward\_\_ (check one)

\_\_\_\_\_ (Insert Full Name(s))  
to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics at the Southeastern Gymnastics Inc., I do hereby release and discharge Southeastern Gymnastics Inc., its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have or claim to have, against Southeastern Gymnastics Inc., its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or myself if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of Southeastern Gymnastics Inc. and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics that can cause harm, injury or death

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I here by authorize any emergency medical treatment for my child by physician, health service or hospital.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_