

# BIRTHDAY REGISTRATION



TELEPHONE NUMBER: (      ) \_\_\_\_\_

DATE OF PARTY: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ MALE / FEMALE  
LAST FIRST MIDDLE DATE OF BIRTH (CIRCLE ONE)

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

MOTHER'S NAME: \_\_\_\_\_  
LAST FIRST WORK TELEPHONE CELL PHONE

FATHER'S NAME: \_\_\_\_\_  
LAST FIRST WORK TELEPHONE CELL PHONE

## MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

### STUDENT / PARENT

I AM AWARE THAT PARTICIPATION IN THIS SPORT WILL BE A DANGEROUS ACTIVITY INVOLVING **MANY RISKS OF INJURY**. I UNDERSTAND THE DANGERS AND RISKS OF PARTICIPATION INCLUDE, BUT ARE NOT LIMITED TO, DEATH, SERIOUS NECK OR SPINAL INJURY, WHICH MAY RESULT IN PARALYSIS, BRAIN DAMAGE, SERIOUS INJURY TO ALL INTERNAL ORGANS, INJURY TO ALL BONES, LIGAMENTS, MUSCLES, TENDONS, AND OTHER ASPECTS OF MY BODY. I UNDERSTAND THE DANGERS AND RISKS OF PLAYING OR PRACTICING MAY RESULT NOT ONLY IN SERIOUS INJURY, BUT IN SERIOUS IMPAIRMENT OF FUTURE ABILITIES. BECAUSE OF THE DANGERS OF THE SPORT, I UNDERSTAND THE IMPORTANCE OF FOLLOWING THE INSTRUCTOR'S DIRECTIONS REGARDING TECHNIQUES, TRAINING AND OTHER RULES AND AGREE TO OBEY ALL INSTRUCTIONS. IN CONSIDERATION FOR ALLOWING ME TO PARTICIPATE, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH THE SPORT (OF GYMNASTICS) AND AGREE TO HOLD SHENANDOAH TUMBLERS, INC., ITS EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL LIABILITY, CAUSES OF ACTION, DEBTS, CLAIMS, OR DEMANDS OF ANY NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH THE PARTICIPATION IN ANY ACTIVITIES RELATED TO THE PROGRAM. THE TERMS HEREOF SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, AND FOR ALL MEMBERS OF MY FAMILY.

### PARENT

I, AS THE PARENT/LEGAL GUARDIAN, HAVE READ THE ABOVE WARNING AND RELEASE AND UNDERSTAND THE SPORT (OF GYMNASTICS) INVOLVES MANY RISKS, INCLUDING BUT NOT LIMITED TO THOSE OUTLINED ABOVE. IN CONSIDERATION FOR SHENANDOAH TUMBLERS, INC. PERMITTING MY CHILD TO PARTICIPATE IN THE PROGRAM, I HEREBY AGREE TO HOLD SHENANDOAH TUMBLERS, INC., ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY LIABILITY WHICH MAY ARISE IN CONNECTION WITH PARTICIPATION OF MY CHILD IN ACTIVITIES RELATED TO THE PROGRAM. THESE TERMS SERVE AS A RELEASE.



SIGNATURE: \_\_\_\_\_ PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

NUMBER OF GUESTS ATTENDING: \_\_\_\_\_

## POLICY

★ 2 HOUR BIRTHDAY PARTY \$175.00 – CURRENT MEMBERS      ★ 2 HOUR BIRTHDAY PARTY \$200.00 – NON-MEMBERS

- ONE INSTRUCTOR FOR EACH 10 GUEST PARTICIPANTS
  - GYM FACILITY, TABLES AND CHAIRS
  - BIRTHDAY MEDAL FOR BIRTHDAY CHILD

**NO DANGEROUS PLAY OR UNSUPERVISED ACTIVITY WILL BE PERMITTED AT ANY TIME**

THE INSTRUCTOR RESERVES THE RIGHT TO STOP ANY ACTIVITY THAT THEY FEEL WILL ENDANGER THE CHILDREN.

### PARTY DETAILS

- \$100.00/CURRENT MEMBERS AND \$125.00/NON-MEMBERS NON-REFUNDABLE DEPOSIT IS REQUIRED TO HOLD DATE AND THE BALANCE DUE THE DAY OF THE PARTY PAID DIRECTLY TO THE INSTRUCTOR(S)
  - \$75.00 ADDITIONAL FOR EACH INSTRUCTOR (10 CHILDREN PER INSTRUCTOR)
- 1.25 HOURS OF INSTRUCTED GYMNASTICS, ORGANIZED GAMES AND 45 MINUTES OF EATING AND GIFTS
  - \$5.00 WILL BE ADDED FOR EVERY 5 MINUTES OVER SPECIFIED ENDING TIME
  - \$7.00 ADDITIONAL FOR EVERY GUEST PARTICIPANT OVER SPECIFIED NUMBER



### OFFICE USE ONLY

PARTY DATE \_\_\_\_\_ PARTY TIME \_\_\_\_\_ \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_ CHECK # / CREDIT / CASH AMOUNT \_\_\_\_\_