



Birthday Party Information

GYMNASTICS ACTIVITIES & GAMES
IN THE GYM FOR 1 HOUR
PLUS 1 HOUR SIT-DOWN PARTY

Our safety certified staff directs your party

Release forms provided

Equipment and gym provided

Party room and basic paper products provided

Face painting provided in the deluxe package

**PARTIES HELD ON
SATURDAYS & SUNDAYS**



Return the attached form with deposit and
pick up your release forms

NON-REFUNDABLE DEPOSIT REQUIRED

Confirm # of participants one week before party

All ages welcome!

Signed release form required of all participants

No adults or non-participating children
allowed on equipment at any time

For more information, email:
events@carrollgymnastics.com



Birthday Parties at Carroll Gymnastics



Gymnastics

Face Painting

Games

Excitement

Trampoline

Balance Beam

Tumble Track

Floor

Parachutes

Fun

Rope Climb

Bars

Obstacle Courses

And More!



BIRTHDAY PARTIES



AT CARROLL GYMNASTICS

410-374-8655

5 South Center St, Suite 1600

Westminster, Maryland

www.carrollgymnastics.com



BIRTHDAY PARTY REGISTRATION FORM

Birthday Child _____ **Age** _____

Party Date _____ **# in Party** _____

FEES: (circle one)	<u>BASIC</u>	<u>DELUXE</u> <i>(includes face painting)</i>	<u>DAY/TIME</u>
1 to 7 children =	\$175	\$205	Saturday 4:30-6:30pm
8 - 12 children =	\$205	\$248	
13 - 18 children =	\$235	\$302	Sunday 2:00-4:00pm
19 - 24 children =	\$265	\$356	4:30-6:30pm
25 - 30 children =	\$295	\$410	

- Parent must call CGI one week prior to the party date to confirm the total number of participants. You are responsible to pay for that number of participants, as we hire instructors based on this number.
- \$25 Non-refundable deposit required with form to reserve party date. Refunds of other payments will be allowed up to one week prior to the party date. **Party fees do not include gratuities for coaches.**
- Each party participant must have a signed release form completed.

CONTACT INFORMATION

Parent Name _____ Child's Birthdate _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

How did you hear about us? _____

Are you currently in a class at Carroll Gymnastics Yes? No? Used to be?

PARENT AGREEMENT: I understand and accept the risks of injury inherent to participating in gymnastics. Furthermore, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling and trampoline. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Carroll Gymnastics, Inc. programs and activities. I accept all risks associated with such participation. In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, promise not to sue and forever release their respective officers, directors, employees, landlords and volunteers from all liability resulting from damages or injuries incurred as a result of participation. In the event of an accident or emergency, every effort will be made to contact the parents or guardian. If necessary, I give my consent to Carroll Gymnastics Inc. to administer first aid and or authorize my child(ren) to be transported to a hospital for medical treatment and I hold Carroll Gymnastics Inc. and their representatives harmless in the execution of such. Additionally, I agree to be responsible for any medical bills incurred by myself for my child(ren) resulting from illness or injury sustained while participating at or for Carroll Gymnastics Inc. I have read and understand this assumption of risk, waiver of liability, medical authorization and I voluntarily affix my name in agreement.

Parent Signature _____ Date _____

OFFICE USE ONLY: Date received _____ Initial _____ **BALANCE DUE: \$** _____

Deposit Check #/Credit Card _____ Amt \$ _____ Balance Due Check #/Credit _____ Amt \$ _____

Coaches working party _____ Office _____