

BIRTHDAY PARTY REGISTRATION FORM

Party Person Name: _____ Date of Birth: _____ Age _____ **M/F**

Parent/Guardian: _____ Parent/Guardian: _____

Mailing Address: _____ City: _____ Zip: _____

Primary Phone :() _____ Cell Phone(s) () _____ / () _____

E-Mail Address #1: _____ E-Mail Address #2: _____

Emergency Contact and Phone Number (other than parents):

Name: _____ Relationship: _____ Phone: () _____

Party Date/Time: _____

PARTY CHOICES: Please mark selections below:

_____ **Package #1 \$250.00 (Totland Gym, Main Gym, & Tumble Track/Rock Wall)** 35 children, 2 hours, party room, tables, chairs, AIM water bottle for birthday person, 2 Party Coordinators to assist with party.

_____ **Package #2 \$195.00 (Main Gym, Tumble Track & Rock Wall)** 20 children, 2 hours, party room, tables, chairs, AIM water bottle for birthday person, Party Coordinator to assist with party.

_____ **Package #3 \$155.00 (Main Gym Lower Floor) NOT including Tumble Track/Rock Wall** 20 children, 2 hours, party room, tables, chairs, AIM water bottle for birthday person, Party Coordinator to assist with party.

Add-Ons

_____ **10 Colored Balloons & 3 Table covers \$20.00**

Colors: _____

_____ **Piñata Clean up Charge \$15.00**

_____ **Extra Hour \$65.00**

_____ **Additional 20 Children \$40.00**

_____ **Extra 1/2 Hour \$40.00**

TOTAL \$ _____

All Boxes MUST be initialed and form MUST be signed by Parent/Guardian prior to participant going out on floor.

____I/we despite all reasonable precautions implemented for safety, are fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associate in with participation in the programs or activities which may occur. I knowingly and willingly assume all such risks. Consequently, I/we hereby for myself, heirs, executors and administrator, do waive and release any and all rights and claims for damages against the owners, operators, coaches, teachers, and other members of AIM SCHOOL and GYMNASTICS, LLC from all personal injury or accident of any sort of nature suffered by me, the undersigned, and/or my children by reason of participation or membership in classes, lessons, or ANY programs of activities of AIM SCHOOL and GYMNASTICS, LLC.

____I/we are covered by a primary health/medical/accident insurance through: _____

____I/we hereby give my consent to AIM SCHOOL and GYMNASTICS, LLC to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

____I/we understand that the parent and/or guardian of registered person is responsible for ALL charges incurred.

____I/we understand that my child’s photo may be used for advertising (i.e. web, facility photos, newspaper, etc.)

____I/we understand that we have an additional 15 minutes before and after party time for set up and clean up. If we **exceed** the allotted 15 minutes before or after, there will be a **\$25.00** charge per every 15 minutes extra. Also, if there are more than 20 children in Package 2 or 3, we understand we need to pay for the Add-On of 20 extra children, or we will automatically be charged the **\$40.00** rate on our account. We need to have **1** employee per every **20** children for safety reasons.

____ I/we understand if there is a need to reschedule, it must be arranged at least 10 days prior to original party date, or there will be a \$50.00 rescheduling fee.

AIM Birthday Party Policies

- **\$50.00 non-refundable, non- transferable fee IS DUE AT TIME OF BOOKING to reserve date/time.**
- **All parties must be paid in FULL 2 weeks prior to party date.**
- **Payment options may be discussed/approved on a case to case basis.**
- **In the event of the need to reschedule, it must be arranged 10 days prior to party date.**
- **In the event of a cancellation, only 50% of party total will be refunded, it must be 2 weeks prior to party date, and a completed refund form must be submitted. (These forms may be obtained at the office.)**
- **Methods of payment available: Debit/Credit card, Check, Cash.**
- **Both Parents and/or guardians are responsible for all charges incurred.**

Parent or Guardian Signature: _____ Date: _____

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|---|--|--|--|-----------------------------------|---|---|----------|
| For Office Use Only: Party Package # | | | | 1 | 2 | 3 | \$ _____ |
| Add-On Balloons/Table covers (20) _____ | | | | Add-On Extra Half Hour (40) _____ | | | |
| Add-On Piñata Clean-Up (15) _____ | | | | Add-On Extra Hour (65) _____ | | | |
| Add-On 20 Children (40) _____ | | | | | | | |
| | | | | Discounts/Coupons _____ | | | |
| Payments: Card/Check /Cash \$ _____ | | | | | | | |

Constant Contact _____ Form Entered _____

Please call 765-0452 for reservations