

BIRTHDAY PARTIES

www.Dcgymnastics.net, email: info@dcgymnastics.net, phone: 908-359-6582
3 Jill Court #25, Hillsborough, NJ 08844

Have your birthday party at DC Gymnastics!

Parties at DC Gymnastics are a fun and active way to celebrate your birthday. Our one and a half hour parties include one hour of gym time and a half our in our private party room.

All activities are age-appropriate and gears toward the birthday party child and their guests - activities include trampoline, tumble track, foam pit, obstacle courses, rope swing, parachute, etc. Open gym parties are also an option for older children. All of our party directors and staff are trained gymnastics instructors and are safety certified.

COSTS:

\$288.00 for 10 children, \$10 for each additional child

A \$50 non-refundable deposit is required when booking your party - the deposit holds the time and date. The party balance is due the day of the party. A party director will contact you the week of the party to confirm the number of children attending - this helps us ensure we will have adequate staff.

Parents/guardians must sign an insurance liability for all guests before the party begins!

Parties MUST start and end promptly - parties running late or wanting extra time in the party room will be charged a \$250 fee (must be arranged in advance). No adults are allowed on the equipment or floor at any time and no one is allowed back in the gym after the party portion is over. Flexible weekday party schedule is available.

Saturday: 1:30-3:00 ____ 3:30-5:00 ____ 5:30-7:00 ____ Month ____/Day ____

Sunday: 11:30-1:00 ____ 1:30-3:00 ____ 3:30-5:00 ____ Month ____/Day ____

Name _____ Age _____ Sex _____

Phone _____ Number of Guests _____

Special Requests: _____ Deposit \$ _____

Acknowledgement of Risk of Waiver of Liability

"I agree that "child/children" named above, will be engaging in physical exercise involving various sports, coordination events, and fitness training (hereafter referred to as "activities") which potentially could cause injury to him/her. I agree that my child/children are voluntarily participating in these activities and will assume all risks of injury that might occur as a result thereof. I hereby agree to expressly release and waive any and all claims, demands, actions, judgments and/or rights that I might otherwise have against DaChen LLC/DcSport Gymnastics School (hereafter referred to as "entity"), its officers, directors, shareholders, employees, agents and all others associated with the entity from any and all liability for any and all damages and/or injuries that might occur as a result of these activities. I understand that the entity makes no evaluation or recommendations of my child/children's physical ability for participation in any activities. If my child/children have any physical condition(s) that may impair their ability to engage in these activities, I understand that it is my responsibility to obtain a physician's statement describing any limitation to participate in this program and to fully comply with any said provisions of a physician's statement. I also give my permission for the use of my child/children's name and/or picture on the entity's website, social media accounts, or any other similar telecast or broadcast depicting any of the activities. "

Parents Signature _____ Date _____