Date of Party_____

Time of Party_____

Birthday Party Contract CCG

Honoree's Name: _____ Theme: _____

Age of Child _____ Boy or Girl T-Shirt Size _____ # of Children Attending _____

Parents' Names: _____ _____

Phone Number: _____ Email: _____

CCG Member: Yes_____ No_____ Deposit Paid $ _____

Second Honoree: Yes_____ No_____ Balance $ _____

Things you need to know for your party

1) We provide 1 hour in the gym for gymnastics and play, 30 minutes in the party room upstairs for food and celebration. We allow 15 minutes before the party for setup and 15 minutes after the party to break down. Please be respectful of the next party coming in. Parties that run past their set time will be subject to a $1 minute overtime charge. Customer is responsible for any guest that is not picked up on time.
2) There is a $100.00 non-refundable deposit required in order to book your party.
3) The cost of a party is $299/members & $325/non-members.
4) 9:30-11:00 am or 11:30-1:00 pm - available on Saturday only
5) A second Honoree will be an additional $10.00.
6) At least one adult is needed to assist coaches with "crowd control."
7) Each guest playing on the gym equipment under the age of 18 is considered an attendee. You are allowed 20 attendees (including the Birthday child) in your party, for any additional guests there will be a $10.00 per guest charge.
8) Parties in the summer are by request only.

RELEASE: *By allowing my child to attend and participate in a gymnastics birthday party with Cabarrus County Gymnastics Inc., I acknowledge and agree to the following; I am fully aware that the party, as a gymnastics activity, presents the risk of injury. I am aware of the risks and damages that might occur as a result of my child's participation in attendance at the party. Nonetheless, I on my own behalf and on behalf of my child and our heirs, administrators and executors, do hereby release, indemnify and agree to hold harmless Cabarrus County Gymnastics, Inc. from any responsibility or liability for any and all claims, damages, demands, costs, causes of action and expenses (including, without limitation, reasonable attorneys fees) arising out of or resulting from my child's participation in or involvement with gymnastic training or the party, including, without limitation, any personal injury, disability or property damages incurred or sustained by me or my child during or as a result of the party. I do hereby verify that I fully understand and accept the conditions for permitting my child to participate in and attend this party.*

Signed _____ Date _____