



Birthday Party - Registration Form

Party date: _____ Time: _____ Coaches: _____

Participants Information

Birthday Child's Name: _____
 M / F Age: _____ Date of Birth: _____

T-Shirt Size (please circle): CS CM CL CXL AS AM AL

Contact/Parent Information

Street Address: _____
 City: _____ Zip Code: _____
 Home Phone: _____ Emergency Phone: _____

Primary Guardian's Name: _____
 Primary Guardian's Work Phone: _____

Secondary Guardian's Name: _____
 Secondary Guardians Work Phone: _____

Medical Information

Physician's Name: _____ Physician's Phone: _____
 Medical Insurance Company: _____ Policy #: _____

Are there any medical conditions to which we should be alerted?

<p>Most Reliable e-mail address for child's main residence (We will be e-mailing newsletters and other important notices periodically)</p> <p>E-mail address:</p> <p>_____</p> <p>_____</p>	<p>Parental Photo/Video Usage Waiver By signing this waiver box, I agree to allow I-Power School of Gymnastics use and reproduction of photographs and digital images (photo and video) taken of the children listed above for the purposes of marketing internet marketing, public relations, and promotion. I understand that last names will NOT be used of any individuals.</p> <p>Parent Signature: _____ or _____ I would rather my child's image(s) not be used.</p>
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Acknowledgement

As parent or legal guardian, I understand that registration in I-Power School of Gymnastics Birthday Party is dependant upon acceptance of the terms set forth on this form, payment of deposit, payment of balance two days prior to the party, and waiver completed for each participant.

 (Signature of Parent of Legal Guardian) _____
 (Today's Date)

Payment:

Cost: (15 participants)	\$120.00	
Cost: (____ extra participants X \$10)	_____	
Balloon bouquet (\$15):	_____	
Extended half hour (\$20):	_____	
Discount of \$10 with I-Power membership	_____	
TOTAL AMOUNT DUE when scheduling party:	_____	date paid: _____