



GOLD Birthday Party - Registration Form

Party date: _____ Time: _____ Instructors: _____

Participants Information

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

T-Shirt Size (please circle): CS CM CL

What is your theme? _____

Contact/Parent Information

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell 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?

Most Reliable e-mail address for child's main residence
(We will be e-mailing newsletters and other important notices periodically)

E-mail address:

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.

Parent Signature: _____

or _____ I would rather my child's image(s) not be used.

Acknowledgement

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

(Signature of Parent of Legal Guardian)

(Today's Date)

Payment: Party Cost: (15 participants) _____ \$200.00

Party Extras: Cost: (____ extra participants X \$10) _____

Popcorn (\$15): _____

Balloons (\$15): _____

Bouncy House (INCLUDED) _____ included _____

Cupcakes (\$30) _____

30 more minutes (\$20): _____

Discount of \$10 with I-Power membership _____

TOTAL AMOUNT DUE when scheduling party: _____ date paid: _____