



Birthday Parties at

COLUMBUS

GYMNASIUMS • ACADEMY

6810 Thrush Drive
Canal Winchester, OH 43110
614-575-9557
www.cgagymnastics.com

We Provide: An hour of gymnastics which includes: obstacle courses, a foam pit, and fun activities in the gymnasium. Half an hour in the party room for food, gifts, and fun. You also receive a birthday t-shirt for the birthday child.

We supply tables, chairs, and cleanup.

You Provide: Whatever you need for the party such as: food, beverages, cake, plates, cups, utensils, decorations, and party favors.

Cost of Party: 1 hour in gymnasium and ½ hour in the party room

For Current Students:

\$130 for up to 10 children with 1 instructor

\$160 for 11-20 children with 2 instructors

\$190 for 21-30 children with 3 instructors

For Non-Students:

\$140 for up to 10 children with 1 instructor

\$170 for 11-20 children with 2 instructors

\$200 for 21-30 children with 3 instructors

These numbers are set for safety reasons.

There is a **\$50.00 non-refundable** deposit to reserve the date for your party. For an additional **½ hour in the party room**, please **add an additional \$25.00** to the cost above.

Please provide an exact number of children attending the party **1 week prior** to the party.

There will be a **\$20.00** charge if the party is **extended over 10 minutes**.



COLUMBUS GYMNASTICS • ACADEMY

Child's Name(s): _____ Age: _____ Gender: _____

Parent's Names: _____ Phone: () _____ - _____

Address: _____ City/Zip: _____

Email: _____

Party Date: _____ Time: _____

Time in Gymnasium: _____ Time in Party Room: _____

Date Booked: _____ Staff Initial _____

For Current Students:

\$130 for up to 10 children with 1 instructor

\$160 for 11-20 children with 2 instructors

\$190 for 21-30 children with 3 instructors

For Non-Students:

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\$170 for 11-20 children with 2 instructors

\$200 for 21-30 children with 3 instructors

An additional ½ hour in the party room can be purchased for \$25

Agreement:

1. All parties require a **\$50.00 non-refundable** deposit to reserve your date and time. This is applied to your total cost. Party balances must be paid in full prior to the start of the party.
2. Columbus Gymnastics Academy will supply tables, chairs, and helpful staff members to cleaning up afterwards.
3. Columbus Gymnastics Academy **DOES NOT** supply any decorations, refreshments, or food for your party. If you would like to decorate you will need to bring the items with you. (No confetti please.)
4. Parents **are not permitted** in the gym unless they are accompanying a child under three years of age or they are the birthday child's parents.
5. Parents accompanying a child into the gym must **stay with the instructor at all times.**
6. No one 18 or older is **permitted** on any of the equipment.
7. No alcohol or tobacco products are permitted in the facility.
8. **ALL CHILDREN ATTENDING THE PARTY MUST HAVE A COMPLETED WAIVER OF LIABILITY SIGNED BY A PARENT.** They **MAY NOT** participate in gym activities without it.
9. A \$20.00 additional fee will be required for any party extended over 10 minutes.
10. You may change the size of your party up to **1 week** prior to the date of the party.
11. There is no air conditioning in the gym. There is air conditioning in the Party Room.
12. I have read and understand that my child's party has a time frame of 1 hour of gymnastics in the gymnasium (no additional time will be allowed) and ½ hour (or 1 hour) in the party room.

Parent Signature _____ Date _____

Instructor(s) _____ / _____ Shirt Received ___ # of Guests ___

Deposit \$ _____ Cash/Credit/Check # _____ Date Paid ____/____/____

Balance Due \$ _____ Cash/Credit/Check # _____ Date Paid ____/____/____

You have been invited to a birthday party at



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Please sign and return the waiver on back to participate

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Acknowledgement of Risk Waiver of Liability – Read Before Signing

As the parent or legal guardian of _____ (child's name), I hereby consent to his/her participation in the programs and classes offered at Columbus Gymnastics Academy, Inc. By the very nature of the activity, gymnastics, and tumbling all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how skilled the student or coach, no matter how many mats are provided, and no matter how many times the skill may have been performed successfully, the risk cannot be eliminated. Reduced yes. But never eliminated.

I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my child(ren)'s participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc., or its Board of Directors, the officers, employees, teachers, coaches, or agents, from any and all present and future claims resulting from accidents or ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child's participation in gymnastics, tumbling or any other activities or any activities incidental thereto, while at Columbus Gymnastics Academy, wherever, whenever, or however the same may occur.

As the parent or guardian of the named child(ren), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating in any program of instruction, recreation, or competition at, for, or under the direction or control of Columbus Gymnastics Academy, Inc.

This Acknowledgement of Risk, Waiver of Liability, and Indemnification Agreement shall be ongoing and shall apply during all the years that the above named student participates in activities under the direction or control of Columbus Gymnastics Inc. This Acknowledgement of Risk, Waiver of Liability, and Indemnification Agreement, having been read thoroughly and understood completely is signed voluntarily as to its content and intent.

Columbus Gymnastics reserves the right to use any video or photographic material that may contain images of your child(ren) for any lawful purpose.

PARENT OR LEGAL GUARDIAN SIGNATURE

Home Phone

Emergency#/Cell

Date

Street

City

Zip

Email

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