



DATE: _____

ALAMO ATHLETICS



CHILDREN'S BIRTHDAY PARTY

CHILD: _____ AGE: _____

MOTHER: _____

FATHER: _____

ADDRESS: STREET: _____

CITY: _____ ZIP: _____

PHONE: _____

PHONE: _____

EMAIL: _____



NON-REFUNDABLE DEPOSIT

\$50.00

REQUESTED DATE: _____

PARTY TYPE (CIRCLE ONE)

SWIM

DANCE

GYMNASTICS

AEROBIC
AREA

DETAILS:

SWIM	\$185.00	1.5 HOURS	AEROBIC AREA	\$350.00	3.5 HOURS
GYMNASTICS	\$175.00	1.5 HOURS	\$75.00 NON-REFUNDABLE DEPOSIT		
DANCE	\$175.00	1.5 HOURS	FRIDAY AND SATURDAY EVENINGS ONLY, 5:30-9:00		

The Saturday gymnastic and swim parties will have 2 instructors for 1-10 guests. An extra charge of \$5.00 per child will be assessed for each additional guest over the invited 10. A max of 22 guests will be allowed at any one party.

Parties in the aerobic area can be larger than 22 guests, but an additional Alamo instructor must be present for each additional group of 1-12 guests over 22. Charges for children over 22 will be the same.

Additional charges for more than one time slot will be assessed at the same rate as an individual party. Individual party rules will apply.

ADDITIONAL EQUIPMENT AVAILABLE FOR A CHARGE

STAFF USE

NON-REFUNDABLE DEPOSIT	(SUBTRACT DEPOSIT)	\$ ()
PARTY CHARGE	(SEE FRONT OF PAGE)	\$
ADD. CHARGE- OVER 10 GUESTS	(# EXTRA GUESTS X 5)	\$
ADDITIONAL EQUIPMENT	(IF USED) _____	\$
TIP	(OPTIONAL)	\$
TOTAL		\$

PAID:

CASH

CHECK

CREDIT CARD

PLEASE BE SURE TO SIGN THE BACK PAGE

WAIVER and RELEASE and INDEMNITY

Alamo Gymnastics Center means Alamo Gymnastics Center LLC, as well as its divisions Alamo Gymnastics Center, Alamo Athletics and Alamo Fitness Center, and all their officers, director's employees, member's agents and others working with Alamo Gymnastics Center including other members and their parents.

The parent and child understand that the activities at Alamo Gymnastics Center by their very nature involve serious risk of bodily injury which could, in the extreme, include permanent disability, paralysis, and death.

The parent has cautioned the child to be observant of the child's surroundings, to pay attention to instructors and other adults in charge, and to be courteous and mindful of other members of the facility. The parents and the child believe that the child is healthy and in good condition, and will let Alamo Gymnastics Center know immediately if the

Having carefully considered the foregoing, the parent and child WAIVE AND RELEASE Alamo Gymnastics Center from all claims of any nature and from all injuries of any nature to the child, or to the parent(s), caused or alleged to be caused in whole or in part by any failure or negligence of Alamo Gymnastics Center.

Further, the parent and child agree not to sue Alamo Gymnastics Center of any matters that are released. Further, the parent and child INDEMNIFY AND HOLD HARMLESS Alamo Gymnastics Center from any loss or liability incurred as a result of any matter released.

This release does not include things that cannot by their nature be released such as gross negligence or willful misconduct, and Alamo Gymnastics Center is not asking for such release. The indemnity and hold harmless however includes any cost, including court cost or attorney's fees that Alamo Gymnastics Center may incur as to the matters that are indemnified.

Having carefully reviewed this release and waiver and indemnity, the parent and the child agree to the foregoing.

Make-up Policy- I acknowledge Alamo Gymnastics Center's NO-MAKE-UP POLICY

Refund Policy- No full refunds will be given. Upon official notification of dropping a class(es). A refund will be issued. A rate of \$15.00 for each class attended or scheduled plus a \$5.00 processing fee will be deducted from total tuition paid.

The annual membership fee of \$30.00 is not refundable.

As the legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by Alamo Gymnastics Center.

PARENT OR GUARDIAN _____

DATE _____

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