

Birthday Party Registration Form

Child's Name: _____ Birthdate: _____ GIRL BOY

Child's Shirt Size: Youth Sizes **S M L XL** Adult Sizes **S M**

Shirt Color: **Blue Pink Yellow White**

Parent's Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____ (M) (____) _____ (F)

Work Phone: (____) _____ (M) (____) _____ (F)

Email _____

Emergency Number (____) _____ Emergency Contact _____

Health Insurance Co. _____ Policy #: _____

Number of Guest Attending Party _____ (\$125 for 10 children, \$8.50 for each additional child)

Date of Party _____ **Time of Party** _____ **Age Range of Children** _____

- **TNT Kid's Fitness & Gymnastics Academy requires a \$30.00 non-refundable deposit at the time of reservation.**

Amount Enclosed: _____ Date Pd: _____
Visa MC Disc Check#: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and as legal parent/guardian, I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, birthday parties, special events & activities including inflatable's, camps, parent participant activities and any and all other programs offered at TNT Kid's Fitness & Gymnastics Academy. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all TNT Kid's Fitness & Gymnastics Academy programs and activities and I **ACCEPT ALL RISKS** associated with that participation. By your attendance in class or events at TNT, you are granting your permission for you and your child to be filmed, videotaped, audio taped, or photographed by a means and are granting full use of your likeness, voice, and words without compensation. In the event of an emergency I would like my below mentioned child(ren) to be taken to a hospital for medical treatment and I hold TNT Kid's Fitness & Gymnastics Academy and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for TNT Kid's Fitness & Gymnastics Academy. **I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION.**

PARENT'S SIGNATURE: _____