

CGSA BIRTHDAY PARTY REGISTRATION

BIRTHDAY CHILD _____ AGE _____

Party Date _____ Time _____ Approx # of Kids _____

Open Gym Party _____ or Dodge Ball Party _____

CONTACT INFORMATION

Parent Name _____

Phone # _____ Cell# _____

Email _____

Home Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone # _____

\$50.00 Non-refundable deposit required with completed form to reserve party date.

Each child must have a signed waiver to participate.

Parents are not allowed on the equipment during the party

I understand the sport of gymnastics involves certain inherent risks, including the possibility of serious injury or death. In consideration of my child's participation in these activities, including but not limited to gymnastics classes, tumbling/cheer classes, private lessons, clinics, open gym, competitions, team work-outs or any special events of Corkscrew Gymnastics & Sports Academy, it's respective owners, officers, employees and members and do hereby myself, my heirs, executors, and administrators, release and forever discharge all rights and claims for damages which I or my child may have or which may hereafter accrue to me or my child arising out of or connected with me or my child's participations in any activities of Corkscrew Gymnastics & Sports Academy. My child has also been informed of the risk of possible injury while participating in any gymnastics related activity.

I hereby declare myself and/or my child to be physically sound, having medical approval to participate in activities of Corkscrew Gymnastics & Sports Academy. In the event of an injury, I hereby give my permission to Corkscrew Gymnastics & Sports Academy staff to render any first aid emergency treatment to my child while participating in any activity of Corkscrew Gymnastics & Sports Academy. It is understood that in an emergency situation, a conscientious effort will be made by the staff to inform the parent(s) or guardian(s) listed above. I accept responsibility for any and all medical treatment rendered to myself or my child. I grant Corkscrew Gymnastics & Sports Academy staff permission to transport or call for transport to an area hospital or treatment facility if it is deemed necessary.

By signing below, I acknowledge and agree with the statements disclosed above as well as the Rules and Policies which can be provided to see if necessary. To ensure the safety of my child, I will update any changes in my contact information as necessary.

Parent / Guardian Signature

Relationship

Today's Date

Please return birthday form with deposit to office or mail to: Corkscrew Gymnastics 2309 N. Ringwood Rd. Unit Q McHenry IL 60050