

Flipside Gymnastics Birthday Party

(Agreement and Information Outline)

Child's Name: _____

Child's Age: _____

Date of Party: _____

Time of Party: _____

Amount Paid: \$_____

Received T- Shirt: Yes NO

Payment Type: Cash Chq MC Visa Debit

Payment Date: / / Invitations: Yes No

Parents Initial to confirm party date and time: _____

Number in Attendance: _____ Parents Init: _____ Host Init: _____

Anticipated Number Attending: 10 Max: 18 (Parents Init) _____

- In the event of a cancellation for a rescheduled date and time, there will be NO rescheduling fee required. If the party is not to be rescheduled, a refund of 50% will be provided. _____ (Parents Init).

➤ **The birthday party room is available to you for a 'maximum' of 45 minutes.** _____ (Parents Init)

- The room will be set up and cleaned up for you. One of the instructors will come to the room 15 minutes before the end of your party to clean. **Please understand, our staff must prepare for the party after yours, and as a result, the cleanup of your party will begin upon completion of your 45 min in the party room.**
- **What's included:** Use of the Gym, 2 coaches, tablecloth, invitations, T-Shirt for your child, fridge and microwave.
- Your base payment includes the agreed upon number of guests (10) plus the birthday child. **Any additional children on the equipment must pay \$10.00 per child; this fee is due upon your departure.** Notification of the anticipated number of additional participants is required 24 hours in advance of the party -- phone or email (www.flipsidegymnastics.ca or 250-756-9102 Nanaimo, 250-586-3547 Parksville) are appreciated.

➤ **Please avoid arriving earlier than 5 minutes prior to your scheduled start time.** _____ (Parents Init)

- **Very Important!!!** During the "gym time", please avoid standing/observing near the equipment or central area of the gym floor. Instead, all spectators are asked to observe the party from entrance area or upper observation area (Parksville Facility only).
- Upon entering the facility, please instruct your party participants to place their coats and shoes in the cloak area or shoe shelves provided. **During the 15 minutes preceding your scheduled party time, an instructor will be busy cleaning up after the last party and preparing the party room;** your patience during this time is appreciated. While your room is being setup, temporary space for food, drink, and presents is available – please ask a staff member for assistance.
- You may bring any type of food or drink you wish; you will need to bring whatever eating utensils you require as well as plates and cups. For the safety of all children piñatas are not permitted. Please **NO Peanuts** in the facility.
- For safety reasons, it is imperative that all **parents and guardians stay off the equipment.** Our coaches are certified to spot gymnastics skills and are the only persons who are authorized to do so at Flipside Gymnastics – This rule also applies to First Aid procedures. Sorry, **no exceptions!!!**
- After three verbal warnings from the instructors, all discipline problems are to be resolved by the attending parents removing the child from the floor/equipment area. The parents will then be responsible from that point forward. Safety is our priority.
- Late arrivals will result in reduced "gym time".
- Participants who are **under 3 years of age** must have their guardians within reach at all times. Special needs children must have an attendant present on the floor at all times.

Signed:

Dated: / /

Flipside Gymnastics

BIRTHDAY PARTY GUEST LIST

All attendees are insured for a one-time visit by the insurer of Flipside Gymnastics in case of an occurrence. We are, however, required to collect the following information on behalf of the insurer in order to validate this insurance coverage. Please complete and return this form to the gym on your party date. Thank you!

Name Party is Booked Under: _____

Contact Address: _____ Phone #: _____

Day/Date of Party: _____ / _____ / _____

Time of Party: _____

Guest List - please include birthday child *

	Name: <i>First and Last Name</i>	Age	Phone Number
1	*		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Actual Number in Attendance: _____

Parents Init: Host Init: _____