

# Birthday Party Information Sheet

This form should be filled out and returned to the Club at least one week prior to the party.

## Birthday Child's Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age (at time of party): \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

## Party Information:

Date/Time requested for the party: \_\_\_\_\_ Party Package #: \_\_\_\_\_

Number of Guests: \_\_\_\_\_ # of Boys: \_\_\_\_\_ # of Girls: \_\_\_\_\_ Cost/child: \_\_\_\_\_

NOTE: Invitations for the party will be given to you when this form is returned with the \$20.00 booking fee. The Invitations must be completed (signed by parent) and returned to the Club for all children to participate

## Birthday Child's Parental Waiver:

In consideration of participating in the MAT Tumbling/Trampoline programs I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, these of others participating in the event the conditions in which the event takes place, or the negligence of the "releasees'" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue MAT Tumbling/Trampoline, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demander losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees: from any loss, liability, damage, or cost, which any may incur as the result of such claim

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only:

Booking Fees Paid Date/Method: \_\_\_\_\_ Assigned Date/Time: \_\_\_\_\_

Provided Party Rules & Invitations? \_\_\_\_\_ Types of Party: \_\_\_\_\_ Total Cost: \_\_\_\_\_