

CAPITOL CITY GYMNASTICS

3518 Rohr Rd, Groveport, OH 43125

614-409-7655



BIRTHDAY PARTY CONTRACT

At CCG, we offer a fun way for your child and their guests to have an active party in a gymnastics environment. Due to the nature of the activity, involving physical play, there is always a chance of physical injury as in any activity. However, the staff at the gym have taken steps to reduce any chance of injury at your party. We have the best state of the art facility and have been safety certified by USA Gymnastics. Our staff is trained to be safety conscious, and to troubleshoot problems before they occur.

<u>Length of Party</u>	<u>Student/Non-Student</u>	<u>Cost</u>
2 hours	Birthday child plus 15 guests	\$ 125.00
8 p.m – 8 a.m.	Sleepover	\$ 250.00
	Additional guests (up to 10)	\$ 50.00

CCG will provide: Gymnastics instructor, gymnastics facility/equipment, stereo system, tables and chairs, refrigerator, and clean-up.

Suggested items to bring: Paper products, refreshments, party favors, camera, and matches.

Party guidelines:

- Guests should wear proper attire (nothing with zippers or buttons)
- Shoes must be removed before entering gym
- Food and drink must be kept in designated area
- Gum is not permitted in the gym
- Parents and adults are welcome to stay and are not included in the head count
- Smoking is prohibited in the gym
- It is very important that your guests arrive on time and are picked up promptly.
- Guests arriving early will not be allowed in the gym
- All members of the party and adults are expected to adhere to the safety standards of the gym as outlined by the instructor. Failure to do so will result in suspension of a guest or in extreme cases termination of the party.
- Host will be allowed to enter the gym 15 minutes early to prepare for their party.

I understand all of the information outlined in the contract. I understand the assumed risk of injury involved whenever children are involved in active play. I also understand that it is my responsibility to inform my guests as to the nature of activity involved, and any risk involved. I or my guests do not hold CAPITOL CITY GYMNASTICS, or any of its staff responsible in the case of injury to any persons involved in the party during normal prudent supervisions. I understand that any guest that refuses to adhere to gym policies will be asked to leave.

Parent's Signature _____

Is child a member of Capitol City? Yes No

Birthday Child's Name _____ Child's Age _____ Parent's Name _____

Address _____ Cell Phone _____

Requested Date of Party _____ Requested Start Time of Party _____

of Guests _____ Cost \$ _____ (make checks payable to: Capitol City Gymnastics)

This contract must be signed and on file in the office with full payment at least 10 days prior to the party.

*****Please Note: If paying by credit card, there will be an additional \$5.00 fee*****

Ck # _____ Cash _____ CC _____ Date Paid _____ Amount Paid _____