



# CAPITOL CITY GYMNASTICS

3518 Rohr Road, Groveport, OH 43125  
 Phone: (614) 409-7655 / Website: www.capitolcitygym.com



## BIRTHDAY PARTY CONTRACT

**Coach 1 (Party of 15):**

**Coach 2 (Party of 25):**

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.



Length of Party	Student / Non-Student	Cost	CIRCLE PACKAGE	
			15 - \$150	25 - \$200
2 Hours	Birthday Child Plus 15 Guests	\$ 150.00	15 - \$150	25 - \$200
8pm-8am	Sleepover	\$ 350.00	15 - \$350	25 - \$400
	Additional Guests ( <i>Up to 10</i> )	\$ 50.00		
<b>TOTAL DUE =</b>			\$	

Capitol City Gymnastics will Provide:

- \* Gymnastics instructor, gymnastics facility/equipment, stereo system, tables and chairs, refrigerator, freezer and clean-up

Suggested Items to Bring:

- \* Paper products, refreshments, party favors and camera

Party Guidelines:

- \* Guests should wear proper attire (nothing with zippers or buttons)
- \* Shoes and socks must be removed before entering gym floor
- \* Food and drinks 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 supervision. I understand that any guest that refuses to adhere to gym policies will be asked to leave.*

<b>Parent's Signature:</b>		<b>Date:</b>	
Birthday Child's Name (F/L):		CCG MEMBER: YES NO (Circle One)	
Child's Birth Date:	Age (as of today's date):	FEMALE / MALE	(Circle One)
Home Address:			
Parent's Name(s) (F/L):			
Parent's Phone #:			
Date/Time of Party:	SATURDAY:	TIME:	
	SUNDAY:	TIME:	

DATE

**This Contract must be signed and on file in the office with full payment at the time of booking.**

\*\*\*Please Note: If payment by credit card there will be an additional \$5.00 transaction fee. We accept credit cards, cash or checks\*\*\*

Payment Method	Date Paid	Amount	Date Booked:
Check #:			Booked By (Empl's Initials):
Cash Rec. #:			
CC Receipt #:			Entered on Web: