



Dayton Academy of Gymnastics and Dance
 5051 Nebraska Ave * Huber Heights * OH * 45424
 937-236-2100 * www.daytongymnastics.com

BIRTHDAY PARTY CONTRACT

STUDENT NAME: _____ AGE: _____

IS THE STUDENT ENROLLED IN CLASSES AT DAYTON ACADEMY YES NO

PARENT(S) OR GUARDIAN : _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____ BEST TIME TO CALL: _____

DATE REQUESTED: 1ST CHOICE _____ 2ND CHOICE _____

TIME REQUESTED: 1ST CHOICE _____ 2ND CHOICE _____

APPROXIMATE NUMBER OF CHILDREN ATTENDING: _____

DEPOSIT: _____ DATE PAID: _____ RCPT # _____ (deposit is non-refundable)

BALANCE DUE: _____ DATE PAID: _____ RCPT # _____

YOU SHOULD CALL THE GYM THE WEDNESDAY BEFORE YOUR SCHEDULED EVENT TO GIVE AN ACCURATE COUNT OF THE NUMBER OF CHILDREN ATTENDING. IF WE DO NOT RECEIVE A CALL WE WILL ASSUME ONLY 10 CHILDREN ARE PARTICIPATING AND WILL SERVE ACCORDINGLY. ADULTS AND CHILDREN UNDER 2 YEARS OF AGE ARE NOT PERMITTED ON THE EQUIPMENT IN THE MAIN GYM.

ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION: AS LEGAL GUARDIAN OF THE AFOREMENTIONED MINOR CHILD(REN), I RECOGNIZE THAT POTENTIALLY SEVERE INJURIES, INCLUDING PERMANENT PARALYSIS OR DEATH CAN OCCUR IN SPORTS OR ACTIVITIES INVOLVING HEIGHT OR MOTION, INCLUDING BUT NOT LIMITED TO GYMNASTICS, TUMBLING, TRAMPOLINE, MARTIAL ARTS, DANCE, CHEERLEADING AND BALL SPORTS. BEING FULLY AWARE OF THESE DANGERS, I VOLUNTARILY CONSENT TO THE AFOREMENTIONED MINOR CHILD(REN) PARTICIPATING IN ANY AND ALL KIDS FUN AND FITNESS CENTER, DBA DAYTON ACADEMY OF GYMNASTICS AND DANCE, INC. PROGRAMS AND ACTIVITIES AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION.

IN CONSIDERATION FOR ALLOWING MY CHILD(REN) TO USE THESE FACILITIES, I, ON MY OWN BEHALF AND ON THE BEHALF OF MY MINOR CHILD(REN) AND OUR RESPECTIVE HEIRS, ADMINISTRATORS, EXECUTORS AND SUCCESSORS, HEREBY FOREVER RELEASE AND COVENANT NOT TO SUE DAYTON ACADEMY OF GYMNASTICS AND DANCE, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND ALL OTHERS ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY OR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY MY CHILD(REN) WHILE UNDER THE INSTRUCTION, SUPERVISION OR CONTROL OF KIDS FUN AND FITNESS CENTER, DBA DAYTON ACADEMY OF GYMNASTICS AND DANCE, INC.

IN THE EVEN OF AN EMERGENCY I WOULD LIKE THE ABOVE MENTIONED CHILD(REN) TO BE TAKEN TO A HOSPITAL FOR MEDICAL TREATMENT I HOLD DAYTON ACADEMY AND ITS REPRESENTATIVE'S HARMLESS IN THEIR EXECUTION OF THIS ACTION., ADDITIONALLY, I HEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE MEDICAL EXPENSES WHICH MAY BE INCURRED BY MY CHILD(REN) AS A RESULT OF ANY INJURY SUSTAINED WHILE PARTICIPATING AT OR FOR DAYTON ACADEMY OF GYMNASTICS AND DANCE.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION. I HAVE RECEIVED A COPY OF THE RULES AND POLICIES ASSIGNED TO DAYTON ACADEMY OF GYMNASTICS CS AND DANCE AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT TO ALL MATTERS

ACKNOWLEDGEMENT OF WAIVER: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE