



333 Ontario Street, Unit A5

St. Catharines, ON L2R 5L3

Tel.: 905-685-9248 E-mail: gymnasticsenergy@gmail.com

BIRTHDAY PARTY WAIVER

**** EACH CHILD ATTENDING THE BIRTHDAY PARTY MUST SIGN A SEPARATE WAIVER. ****

RULES:

1. Please do not arrive more than 15 minutes prior to the start of the scheduled party time, as we may still be in the process of getting things organized for your birthday party.
2. It is asked that you refrain from using noise makers or using flash photography.
3. Please ensure that your children are picked up promptly, so that we can prepare the party room for the next scheduled party.
4. At no time are children or guests permitted to go on the equipment in the gym without a coach/staff member present.
5. There may be other groups/athletes training in the gym at the same time the party is going on, therefore children and guests need to adhere to party rules set out by the coach/staff member. Safety is very important and for that reason we reserve the right to ask those with inappropriate behavior to leave the gym.

DISCLAIMER:

I acknowledge that there is a potential risk for injury involved in any sport. By submitting and signing this form I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this waiver/form is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used for the Club and/or Gymnastics Ontario's use in the delivery of a gymnastic program. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participation and that **Gymnastics Energy** has established rules for participation in gymnastics and these must be followed by the participant. I understand that failure to comply with any of the policies/rules of **Gymnastics Energy** and/or Gymnastics Ontario may result in the termination or suspension of participation/membership. I waive the right of the participant to damages or other costs in the event of injury being caused due to the participation in gymnastics or other involvement with the Gymnastics Federation.

Birthday Party is for: _____

Name of Child attending party: _____

Date of the Birthday Party: _____

Name of Parent (please print): _____

Phone No.: _____ **Cell No.:** _____

Signature of Parent/Guardian/Adult: _____