

# FOR THE PERSON MAKING THE RESERVATION

Please fill out this form when making a reservation for a birthday party at Richardson Gymnastics.  
Please return this form to the gymnastics office with your full payment.

Party for: \_\_\_\_\_ Boy / Girl Age (at coming birthday): \_\_\_\_\_

Party date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of guests you are inviting: \_\_\_\_\_ Invitations needed: Y / N

Theme/color scheme: \_\_\_\_\_ Would you like their photo displayed? Y / N

(if yes, email in Jpeg format to [gyparty@cor.gov](mailto:gyparty@cor.gov))

Parent/Guardian name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Please read and initial:

\_\_\_\_\_ Full balance is due at time of registration for expected attendance.

\_\_\_\_\_ Price includes a \$50 non-refundable fee

\_\_\_\_\_ 14-day notice required to cancel party or change date.

\_\_\_\_\_ 10-day notice required to increase size of party. Balance for change of party size due immediately.  
No refund for decrease in party size.

\*\*\*Note: increased staff for additional guests will not be guaranteed with less than 10-day notice\*\*\*

\_\_\_\_\_ On the day of party additional guests over booked price point will incur a fee of \$10 per guest. Under no circumstance can we host more than 30 guests in the gym. **When planning your party size, please take into consideration any invited guests who may arrive with siblings. Any child that enters the gym will be added to the final head count.** Additional fees on the day of the party may be paid by exact cash or check payable to "COR".

\_\_\_\_\_ Children age 3 and over should enter the gym area on their own. If under the age of 3 they must be accompanied by one adult only. All parents and other guests may observe from the lobby or party room.

\_\_\_\_\_ There is no alcohol or tobacco allowed at parties or on city property.

## Medical Release form for Richardson Gymnastics Birthday Parties

### Participation Release

I, the undersigned parent/legal guardian of \_\_\_\_\_ permit the above named child to participate in the following described program of Richardson Gymnastics. I understand that any sport or activity involving motion or height creates the possibility of serious injury.

In consideration of your accepting my child, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all claim for damages, I or my child may have against the City of Richardson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by City of Richardson.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Parental/Legal Guardian Signature \_\_\_\_\_

I, \_\_\_\_\_, authorize the necessary medical attention including but not limited to first aid, ambulance service and transportation and hospital admission. I will authorize staff, or authorized medical facility to treat my child for injury or illness he/she has.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_