



Birthday Party Information

Child's Name: _____

Age: _____

Parent's Name: _____

Phone Number: _____

Number of children attending: _____

Date of Party: _____

Time of Party: _____

Preferred Staff? _____

Member Non-Member

I hereby authorize the staff at Cumberland Gymnastics, Inc. to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive any and all claims for personal injury that I may have against Cumberland Gymnastics, Inc. and its directors, officers, agents, employees, representatives, and any volunteers in any way associated with Cumberland Gymnastics, Inc. I understand that participation in gymnastics and tumbling carry with them the risk of injury. All medical expenses incurred will be the responsibility of the student or the student's family.

Parent signature: _____ Date: _____

Office Use:

Deposit Amount: _____ Ck# _____ Date: _____

Remainder Amount: _____ Ck# _____ Date: _____