



# Northwest Gymnastics Training Center



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## PARTY PARTICIPANT Registration Form

Welcome to Northwest Gymnastics Training Center (NGTC). We are proud of our gymnastics programs, and equally as proud of our fun, exciting birthday party programs!

You are encouraged to have a fun time. Explore the different equipment, run around, jump on the trampoline, climb the rope and so much more! We just want to make sure you do it in a safe manner and leave the party tired, but otherwise very healthy!

You'll be shown some basics about each of the different equipment. Make sure you pay attention so that we can maximize your fun once we get started!

And, although we take pride in our safety record, we understand as your parents do, that gymnastics can be dangerous. So, all that's left to do is to have your parents read the waiver and agreement on the back of this form, fill the form out completely, and fax, mail or hand-deliver the completed form back to NGTC prior to the party!

We look forward to meeting you at the party!

Party Attending: \_\_\_\_\_ Date of Party: \_\_\_\_\_

Participants Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ I've attended a party or class at NGTC before? YES / NO

Parent/Guardian (if under 18): Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone (Cell or Home...Best Way): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email (For updates to party info, confirmations, etc.) \_\_\_\_\_

Please list any known allergies, previous or current injuries and any physical limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I have read and understand the attached terms and conditions.

Signature of Parent / Guardian listed above: \_\_\_\_\_

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Received and reviewed by NGTC: \_\_\_\_\_ Date: \_\_\_\_\_

## **Agreement to Participate:**

I understand that gymnastics, like other situations and activities involving height and movement, involves a certain degree of risk and chance of serious injury. The participant named on the registration form has no known problems that might compromise his/her safety, and the safety of others.

Furthermore, for the safety of your child and the other party goers and coaches, I agree to be bound by the rules and regulations of NGTC.

## **Waiver and Release:**

I am fully aware of the risks associated with gymnastics. This risks may include catastrophic injury, paralysis and even death, as well as other damages and losses associated with your child's activities. I further agree that NGTC, including it's staff, owners, coaches and agents shall not be liable for any losses or damages occurring as a result of my participation in any activities at NGTC, except wehre such loss or damage is the direct result of the intentional or reckless conduction of one of the organizations or individuals identified above.

## **Permission for Medical Treatment:**

I confirm that the above named participant is in good health overall. I hereby authorize NGTC to administer simple first aid and / or customary athletic training attention. I also authorize a medical transport, exam, x-rays, or a medical / surgical diagnosis as deemed necessary by the participants physician or hospital.

Please remember that NGTC is a safe and positive environment. We encourage all children to bring their full energy and enthusiasm to the gym for a fun and very memorable experience. Please assist us in encouraging your child to listen to the words of the teacher / staff person responsible for the party so that everyone has a great time!

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Book your child's next birthday party at Northwest Gymnastics Training Center! Visit us online or give us a call to see how this truly memorable experience will ensure your child's birthday party is never forgotten!



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