



Rising Stars Gymnastics Academy

520 Hayward Avenue North

Oakdale, MN 55128

www.risingstarsgym.com

(651) 730-4376

Party Agreement

NINJAZONE PARTY

(Please check)

Today's Date: _____

Date of Party: _____ Time: _____ to _____

Type of Party (circle one): **Bronze** (1hr. Gym only \$140.00) **Silver** (10 kids 1.5 hrs.\$175.00)

Name of Birthday Child: _____ Age (on this birthday): _____ DOB: _____ Male or Female

How many guests are expected (including birthday child): _____ Ages of children attending: _____

Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone No: _____ Evening Phone No: _____

**Special Notes: _____

Any Children with Special Needs (please specify) _____

Policies I Agree to Adhere to:

My signature below signifies my agreement to these rules:

1. There will be **NO** adults on the equipment and ALL parents must stay out of the gym. Only the parents of the birthday child are allowed into the gym to take photos and video tape the party. Spectators are welcome to watch from our lobby viewing areas both upstairs and downstairs.
2. There will be **NO** liquor served at the party.
3. Children must be dressed in workout clothes. NO jeans, buttons or zippers on clothing are allowed in the gym.
4. No children under the age of three are allowed in the gym without parent supervision.
5. Every guest at the party must have a signed waiver to participate in the gym activities **before** the party begins.
6. **Birthday party deposits (\$50) are non-refundable.** The deposit can be transferred to another party date if rescheduled more than one week prior to the original party date.
7. The balance must be paid in **full** before the start of the party. The balance does not include gratuity. Gratuity is not required, but if you would like to give a tip to staff, you may do so in cash. _____ (initial here)
8. **Parties cannot run longer than the time given, or you will be charged \$5.00 per every 5 min after.** _____ (initial here)
9. Parties that exceed the maximum number of guests will be charged a \$15 fee per extra guest. For safety reasons, no more than 2 extra guests will be allowed to participate in ANY party. No exceptions. _____ (initial here)

Signature _____

Date _____

Office Use: Birthday Child Gift received

Contacted prior to party on (Date) _____

Birthday Party Total Guest Count # _____ Waivers collected # _____

Cost of Party: \$ _____

Deposit \$ _____ Date: _____ Type of Payment _____

Balance \$ _____ Date: _____ Type of Payment _____