



# Rising Stars Gymnastics Academy

520 Hayward Avenue North

Oakdale, MN 55128

[www.risingstarsgym.com](http://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 \$180.00) **Silver** (10 kids 1.5 hrs.\$215.00)

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.**
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 \$20 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 \_\_\_\_\_