



MAKE YOUR BIRTHDAY PARTY

“PERFECT 10!”



Host your party at Legacy Gymnastics!

Your two hour party instructed by a coach will include:

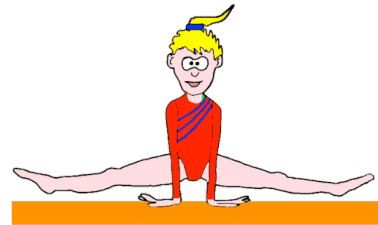
One hour and 15 minutes of a variety of fun activities including : gymnastics, games, obstacle courses, relay races, 30-foot tumble trampoline, and our new and exciting Castle Bounce House with Slide!
The remaining 45 minutes is designated for your child’s birthday party, which will be held in the lobby of the gym. The party must start on time and must end at the designated time.

Call for Reservations! 281-482-9300



PRICES: \$150 for up to 12 children
Over 12 children, \$5.00 per child

\$50 deposit



There is a liability contract that **MUST** be picked up in the front office for each child participating in the event. The deposit must be collected at this time to confirm your reservation.

******COMPLETED CONTRACT MUST BE BROUGHT BACK THE DAY OF THE BIRTHDAY PARTY. THE CONTRACT MUST BE TURNED IN PRIOR TO YOUR CHILD/GUEST IS ALLOWED IN THE GYMNASICS AREA.**

Ask your guests to dress comfortably for the party. Girls may wear a leotard, or a t-shirt tucked into shorts. Boys may wear a t-shirt tucked into shorts. Please no jeans, buckles, or zippers.

Only the invited birthday party students will be allowed into the gymnastics area. The parent of the birthday girl or boy may enter the area to take pictures. Under no circumstances are adults allowed on the gymnastics equipment.

We do not provide party supplies or food. You are welcome to bring cake, snacks, and drinks. We will have a designated area in the foyer of the gym where you may set up the party. You may arrive 30 minutes early to set up the party. Please bring plates, napkins, cups, utensils, candles, matches, or any other party items you desire. We ask that glassware not be used for safety reasons. Please also remember to bring any party favors, if you so desire.

**General Release Form/
Birthday Party Contract**

(May be copied and passed out to birthday party members! Contract MUST be filled out by all party members that are not members of the Legacy Gymnastics Academy program)

I _____ understand the conditions of this contract for parties and other events at the Legacy Gymnastics Academy.

I hereby grant the staff of the Legacy Gymnastics Academy the right to render judgment concerning medical assistance in the event of an accident or illness during my absence.

RELEASE

THE STATE OF TEXAS
COUNTY OF BRAZORIA

I (we the undersigned student, parent, or legal guardian or student of Legacy Gymnastics Academy) for and in consideration of my enrollment or the enrollment of my child or a student for whom I have been granted legal custody hereby voluntarily and knowingly execute the Release with the expressed intention of affecting the extinguishment of and complete release from any and all claims, demands or causes of action, I or my child and/or legal ward may have against Legacy Gymnastics Academy, its instructors, agents, or employees, relating to injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward in the various programs of instruction, practice and physical activity associated with the study of ballet, gymnastics, and related activities conducted by the Legacy Gymnastics Academy.

EXECUTED THIS _____ DAY OF _____, 20_____.

Student's Name: _____

Address: _____

City: _____, TX Zip: _____

Phone: _____

Emergency Contact Name/Phone: _____

Signature of Parent or Legal Guardian:

X _____

Parent name/number:

Student name/age:

Date/time of party:

of Guests:

of Kids:

Office use Only:

Deposit: