

TECUMSEH GYMNASTICS ACADEMY



BIRTHDAY PARTIES!

Have your next Birthday at TGA!

Parties require a 14 day notice to book

PARTY PACKAGES START AT \$150.00 and include the following;

- T-shirt for the Birthday child (multiples will be charged \$5.00/additional shirt)
- Up to 10 children, including the birthday child & siblings (there is an additional charge for more than 10 children)
- 1-2 coaches; they'll set up, clean up, & run your party
- 1 hour and 30 minutes in the gym (maximum) followed by 30 minutes for gifts; if you are having cake the gym time will be lowered to 1 hour and 15 minutes
- Paper products including plates, napkins, cups, silverware, and table covering
- Utensils including lighter, knife, cake server, & ice cream scooper

All you need to bring is...

- Your guests (party seating is only provided for the children)
- Any drinks and snacks you would like to provide for your guests
- Candles, goodie bags, & any decorations you want to have (No confetti or pinatas)

Helpful tips;

- Small water bottles or juice boxes are a great drink for your guests
- Don't order too much food

BOOKING YOUR PARTY

- Schedule your day/time with the front desk. Parties are available Friday or Saturday with varying time slots.
- Each child participating must have a signed waiver to go into the gym for the party (this includes siblings). waivers are due at party check in. Adults 18 years and up are not permitted to use the equipment at any time.

PARTY FEES & DUE DATES

- \$75.00 non-refundable deposit due at scheduling
- Party balance due one week prior;
 - *\$75.00 for up to 10 kids
 - *\$100.00 for 11-20 kids
 - *\$125.00 for 21-40 kids (*More than 40 kids not permitted*)
- \$50.00 Overtime fee; this is applied to your account for every 15 minutes past your allotted time slot

TECUMSEH GYMNASTICS ACADEMY SPECIAL EVENTS LIABILITY WAIVER

Any activity involving motion or height may cause serious accidental injury, paralysis, or possible death. All gymnasts, parents, guests, relatives & guardians agree to abide by the rules and regulations set by Tecumseh Gymnastics (posted & verbally communicated by staff) for health, safety, and welfare of the participants. The Michigan Department of Community Health requires all athletes to be aware of the possibility of concussions while participating in sports.

Parents & guardians must review the following information with their child: A concussion is a type of brain injury caused by a bump, blow, or jolt to the head that changes the way the brain normally functions. Signs & symptoms of a concussion can include but are not limited to: headache, feeling pressure, nausea, vomiting, balance problems or dizziness, double or blurry vision, sensitivity to light or noise, feeling hazy, foggy, groggy, problems concentrating, memory issues, confusion, or just not “feeling right”, appearing dazed, stunned, confused, clumsy, forgetful, having mood/behavior changes, one pupil larger than the other, being drowsy, feeling weak/numb, decreased coordination, vomiting, nausea, slurred speech, convulsion, seizures, or loss of consciousness. If a coach suspects a child/athlete has a concussion, he/she will be removed from play immediately. We recommend that parents/guardians follow up with their doctor if any concussion is suspected.

In addition, in case of medical emergency, I hereby give my permission via my signature below to hospitalize & secure proper treatment for the participant/s below. I hereby release Tecumseh Gymnastics Academy, its coaches, staff and ownership from all liability due to accidents occurring before, during or after the gymnastic instruction at the club. I further realize that Tecumseh Gymnastics Academy carries only liability and secondary insurance medical coverage, and that my participant/s is covered with the appropriate medical insurance needed. In signing this document, I irrevocably state that I fully understand the terms & conditions set forth by Tecumseh Gymnastics Academy.

All Information below must be completed and presented to the Tecumseh Gymnastics Academy staff to participate.

Participant’s Name:

Birthday:

Parent/Guardian PRINT Full Name

Parent/Guardian Signature

Street Address

Zip Code/City/State

Phone