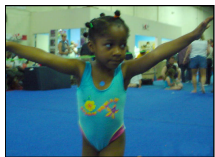




Emilia's Acrobatics, Gymnastics and Cheerleading

9525 Berger Road, Columbia, MD 21046 ♦ 410-381-7565 ♦ www.eagcgym.com



You're invited to



**90 minutes of birthday fun,
supervised gymnastic and
trampoline activities,
games and goodie bags!**



Party Fact Sheet

Ages 4 & up

Time:	Saturdays	1-2:30, 3-4:30
	Sundays	11-12:30 1-2:30 3-4:30

Cost:* \$110 up to 10 children/1 instructor
 \$140 11-15 children/2 instructors
 \$160 16-20 children/ 2 instructors

** Quality work is customarily acknowledged by a gratuity of 15%. Thank you.*

Child's name _____ Birthdate & age _____ Sex _____

Address _____

E-mail address _____ Phone _____

Parent's name and daytime phone _____

Date of party _____ Time _____

Number of children attending _____

Will cake be served afterward? _____

Total cost _____

Deposit _____ (50% of deposit due at time of reservation, remaining balance due on arrival)

This sheet must be returned with deposit. I UNDERSTAND THAT THE DEPOSIT IS NON-REFUNDABLE should I cancel the party.

Signature of parent or guardian (required) _____ Date _____



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Waiver & Release Form

Student's name _____ Phone _____

Address _____

In case of emergency, contact _____ Phone _____

Secondary contact _____ Phone _____

I fully understand that Emilia's Acrobatics and Gymnastics Training Center (EAGC) staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby grant EAGC staff permission to render temporary first aid to my child(ren) in the event of any injury or illness. If deemed necessary, EAGC staff members may call our doctor and seek assistance from members and/or representatives (whether paid or volunteer) of any health care facility or hospital. I also grant permission for EAGC to call an ambulance for my child should circumstances call for this action.

The staff of EAGC recognize their obligation to make the students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling and sports acrobatics. Students may suffer some minor injuries and some more serious in nature. Therefore, parents should make their child(ren) aware of the possibility of injury and encourage them to follow all safety rules and coaches' instructions.

EAGC coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling and sports acrobatics.

Being fully aware of all risks, I consent to have my child(ren) participate in the programs offered by EAGC. I and my executors or other representatives, waive and release all rights and claims for damages that I or my child(ren) may have against EAGC and its representatives.

I also affirm that I currently have, and will continue to provide, proper hospitalization, health and accident insurance coverage for both my child(ren)'s protection, as well as my own.

Signature of parent or guardian (required) _____ Date _____

Doctor's name _____ Phone _____