



Let us set up and clean up for you! Enjoy 1 1/2 hours of fun filled activities with friends and family!

Breakdown of Time: 45 minutes of activities and games and 45 minutes of party time (food, cake, and presents)! Activities are tailored to the ages of the attendees.

Available Party Times are:

Saturday 1pm - 2:30 pm or 3 - 4:30 pm

Sunday 10:30 am - 12 noon or 1pm- 2:30pm

**\*\*Additional times and alternate days may be available for an additional charge\*\***

Birthday party fees are \$325 (1-12 children) \$12 for each additional child.

**Check or Cash only.**

**Children under 4 must be accompanied by a parent on the floor. No children under the age of 2 are allowed on the gymnastics floor under any circumstances. No adults or nonpaying guests may use any of the gymnast apparatus' including tumbling on the floor, tumbl trak, low beams, etc.**

The high beam is off limits during parties and is not to be used under any circumstance.

Reservations:

Reservations for parties must be made in advance and can be made up to 3 months in advance of your child's birthday by mail or in person.

A (non-refundable) deposit totaling half of the party cost along with the completed application must be received by JCGC when making your reservation.

Party balance must be paid in full seven (7) days prior to event.

\*Parents booking must provide signed waivers for each child in attendance.

We provide the following items: Activities, tablecloths, cups, napkins, plates, utensils, and juice boxes.

**PLEASE NO METALLIC CONFETTI OR SILLY STRING!!!**



Please return to schedule your party. A non-refundable deposit totaling half of the party cost is required with this form!

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ TIME: \_\_\_\_\_

CONTACT US: Jennie's Chesapeake Gymnastic

871 Keith Lane Unit 2

Owings, Maryland 20736

410-286-2646

Party of 1-12 children \$325.00. \$12.00 for each additional child.



# **JENNIE'S CHESAPEAKE GYMNASTICS CLUB, LLC.**

**871 KEITH LANE UNIT 2  
OWINGS, MARYLAND 20736  
410-286-2646**

## **Acknowledgement of Risk and Waiver of Liability and Permission to Treat**

I (We) \_\_\_\_\_ hereby give permission for my/our  
Child \_\_\_\_\_ to participate in classes/events/parties  
conducted at Jennie's Chesapeake Gymnastics Club, LLC. (JCGC).

I (We) \_\_\_\_\_ will review rules with my child and agree to  
adhere to the terms and conditions. I will speak with my child about following the coaches  
instructions and the safety measures put forth.

I (We) \_\_\_\_\_ agree to support and abide by the policies and  
rules posted in JCGC.

I (We) \_\_\_\_\_ understand that it is my responsibility to carry  
my own accident and medical insurance. In the event of an injury or accident, I (We)  
\_\_\_\_\_ authorize customary medical treatment if it  
becomes necessary and transportation and emergency medical services if warranted. The  
participating child is capable of participating in the sport of gymnastics and has had a physical  
within the last (12) twelve months. Any activity involving motion, tumbling, height, swinging, etc...  
involves the possibilities of serious, permanent, or fatal injury.

I (We) \_\_\_\_\_ understand the risks of participating in the  
sport of gymnastics and therefore, in consideration for allowing my child to use JCGC's equipment  
and facilities, I (We) \_\_\_\_\_ hereby forever release JCGC, it's  
owners, officers, employees, teachers and coaches for all liability, for any and all damage, and  
injuries suffered by my child while under the instructions, supervision of control of JCGC, it's  
owners, officers, employees, teachers, and coaches.

**This acknowledgement of risk and waiver of liability, having been read thoroughly and  
understood completely, is signed voluntarily as to its content and intent.**

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**Date** \_\_\_\_\_ **Signature of Mother or Legal Guardian**

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**Date** \_\_\_\_\_ **Signature of Father or Legal Guardian**

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**Name of Child(ren) participating – Please print.**