



# Birthday Party

## Agreement

CHILD'S NAME:

.....

PARENT'S NAME:

.....

ADDRESS:

.....

CONTACT PHONE:

EMAIL ADDRESS:

.....

STUNTZ GYM MEMEBER:

Yes

☐

No

☐

\_\_\_\_ CHEER  
\_\_\_\_ REC CHEER  
\_\_\_\_ DANCE  
\_\_\_\_ TUMBLING

NO. OF ADULTS

.....

Would you like more info on STUNTZ?

NO. OF CHILDREN

.....

YES

NO

SATURDAY

DATE .....

12PM-2PM (SETUP 11:30AM)

3PM-5PM (SETUP 2:30)

6PM-8PM (SETUP 5:30PM)

☐  
☐  
☐

29470 East Highway 96  
Pueblo, Colorado 81001

[stuntzgym@comcast.net](mailto:stuntzgym@comcast.net)  
(719) 543-6680

[www.stuntzacademy.com](http://www.stuntzacademy.com)

Option 1

☐

Option 2

☐

PARTY COST: \$200.00 (UP TO 15 CHILDREN)  
ADD'L GUESTS: (    ) \$\_\_\_\_\_ (\$5 FOR EACH ADDITIONAL CHILD)  
TOTAL COST: \$\_\_\_\_\_ (0.05% CHARGE ON CREDIT CARD)  
DEPOSIT: \$30.00  
BALANCE DUE: \$\_\_\_\_\_ (ON DAY OF PARTY)  
REFUND POLICY: DEPOSIT IS NON-REFUNDABLE

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Release and Medical Authorization

STUNTZ ACADEMY LLC, 29470 E. HWY 96, PUEBLO, CO 81001

In consideration of the STUNTZ ACADEMY LLC granting the applicant permission to participate in the instruction, activities and competition provided by STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors, I/We \_\_\_\_\_, Parents or Guardians of \_\_\_\_\_, who wishes to participate in the STUNTZ

ACADEMY LLC instruction, activities and competitions, give our consent for such participation by our son/daughter. I/We fully understand that cheerleading, dance, gymnastic and tumbling activities involve motion, rotation and height, in a unique environment, and as such, carry with them a reasonable assumption of risk. There are risks and dangers associated with participation in cheerleading, dance, gymnastic and tumbling activities including, but not limited to those of bodily injury, partial and/or total disability, paralysis, death and property damage.

I/We waive for our son/daughter any claims or causes of action for death, personal injury, property damage or otherwise which I/we may now have or hereafter have against the STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors arising out of my/our son/daughter's participation in the instruction, activities or competition of the STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors, including, without limitation, all claims or causes of action for death, personal injury, property damage or otherwise resulting from risks inherent in tumbling, cheer, dance and gymnastic activities, instruction and competition, including, without limitation, falls and from the lawful publication or any other lawful use of any photograph, videotape or narrative in any media.

I/We give my/our consent for any photographs and/or video of my child to be used by the STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors. Such material may be used for marketing purposes in the form of written publications, videos, and/or websites.

In the event of injury or illness, I/We hereby give my/our consent for medical treatment and/or ambulance transport if it is deemed necessary. I/We give my/our permission to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable treatment or necessary procedures) for the participant.

**Please fill out the following information and sign. We must have this form on file for every participant at the STUNTZ ACADEMY LLC before they will be eligible to participate.**

Further, I/We represent that any medication to which my/our son/daughter is allergic or currently taking is listed below and will ensure that he/she will bring such medication with them to the STUNTZ ACADEMY LLC and that he/she is responsible for consuming the prescribed dosage.

Medications (if any)

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**\*\*EVERY ATTEMPT WILL BE MADE TO CONTACT THE EMERGENCY NUMBER PRIOR TO MEDICAL ATTENTION\*\***

**Emergency Information (please print):**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please PRINT all information except Parent/Guardian signature**

Student Name: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

**I/We have read, agree to, and understand everything on this Release and Medical Authorization.**

**Parent/Guardian Signature(s):** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Date**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
OFFICE USE ONLY



**ANY PERSON ON THE EQUIPMENT MUST SIGN PRIOR TO PARTICIPATING**

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

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CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

**EXTRA PARTICIPANTS**

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

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CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

CHILD'S NAME: ..... PARENT'S SIGNATURE: .....

**ADULTS**

NAME/SIGNATURE (18YRS+): .....

NAME/SIGNATURE (18YRS+): .....

NAME/SIGNATURE (18YRS+):.....

NAME/SIGNATURE (18YRS+): .....

NAME/SIGNATURE (18YRS+): .....

# HOW DID WE DO?

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Circle the number you feel is appropriate. 1 being very unsatisfied, 5 being extremely satisfied.

Were the coaches helpful?    1       2       3       4       5

Was the facility clean?        1       2       3       4       5

Satisfied with setup?         1       2       3       4       5

Additional questions, comments and concerns?

**THANK YOU FOR CHOOSING STUNTZ ACADEMY FOR YOUR BIRTHDAY PARTY NEEDS!**