



BIRTHDAY PARTY AGREEMENT

CHILD'S NAME

ADDRESS

ZIP

PARENT NAME

PHONE

EMAIL

STUNTZ GYM MEMBER? YES NO

WOULD YOU LIKE MORE INFORMATION ON OUR PROGRAMS?

YES!

____ CHEER
____ REC CHEER
____ DANCE
____ TUMBLING

____ NO THANK YOU!

SATURDAY

DATE

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

____ 3PM-5PM (SETUP 2:30PM)

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

OR

SUNDAY

DATE

****4PM-6PM (SETUP 3:30PM)

FINANICAL AGREEMENT:

PARTY COST: \$200.00 (UP TO 15 CHILDREN)

DEPOSIT: \$30.00

BALANCE DUE: \$ _____

REFUND POLICY: **DEPOSIT IS NON-REFUNDABLE**

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/ _____, 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.

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 be such medication with them to the STUNTZ ACADEMY LLC and that he/she is responsible for consuming the prescribed dosage.

Medications (if any)

****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: _____

ZIP: _____ Home Phone: _____ Work: _____

MEDICAL, LIABILITY & PROMOTIONAL RELEASE

(MEDICAL INSURANCE COMPANY: _____ POLICY# _____)

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

Parent/Guardian Signature(s): _____

DATE

MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY:_____ POLICY#_____)

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HOW DID WE DO?

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
WERE YOU SATISFIED?	1	2	3	4	5

ADDITIONAL QUESTIONS, COMMENTS, CONCERNS?
