



250 Sheffield St. • Mountainside, NJ 07092 • Phone (908) 514-0449
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Birthday Party/Event Form

Month:	Day:	Time:
Kids #:	Age:	
Paid deposit:	Dates Of Payments:	
Paid full:	d	f
Name Child:	DOB:	Sex:
Special Medical Problem(s):		
Names Parents:		
Phone :	Email:	
Address:	City:	Zip
How did you find out about us?		
Options:	Regular <input type="checkbox"/>	Pizza & Drinks <input type="checkbox"/>
Cake <input type="checkbox"/>		
/Please check/		
Would you like a photographer? \$30/event <input type="checkbox"/>		
Other info:		

I/We the parent(s) of _____ (or legal guardian if under age of eighteen (18) realize and acknowledge that gymnastics is a physical activity involving potential risk to the participant and agrees to hold harmless and indemnify Olympika Gymnastics, its instructors, employees, officers, directors and agents from any and all claims. Any special medical conditions which might affect our child's participation in gymnastics have been indicated.

*AGREED TO BY (parent/guardian) _____ Date _____