

Sandía Acrobatic Gymnastics Academy Birthday Party Contract



Birthday Child's Name: _____ Boy/Girl/NA Date of Birth: _____
Date of Birthday Party: _____ Time of Birthday: _____
Parent's Name: _____ Age Range of children attending the party: _____
Phone Number: _____ Email Address: _____

Selected Party:

- Birthday Party:** 1 hour of structured gymnastics activities and 1 hour for refreshments and presents (12 printed invitations + 1 digital invitation provided):
 - \$235.00 for up to 12 children, including the birthday child
 - \$295.00 for up to 18 children, including the birthday child
 - \$355.00 for up to 24 children, including the birthday child

 - Deluxe Party (8yrs+):** 1 hour and 30 minutes of structured gymnastics activities and up to 1 hour for refreshments and presents (12 printed invitations + 1 digital invitation provided):
[Deluxe Party is not suitable for younger children]
 - \$285.00 for up to 12 children, including the birthday child
 - \$345.00 for up to 18 children, including the birthday child
 - \$409.00 for up to 24 children, including the birthday child
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Please select the party package that correlates to your expected number of participants. Should additional participants attend on the day of your party, pricing will increase to the next party package pricing option.

Due to staffing requirements, no discounts are applied, should a lower number of participants attend.

SAGA will provide staff members, tables, chairs, balloons, and tablecloths. You may also bring decorations, refreshments, and additional balloons. A freezer is available; however, space is limited.

A parent or guardian of each participant is required to complete a waiver to participate upon arrival. Participants without a completed waiver will not be able to participate in gymnastics activities.

Parents are welcome to enter the gym for pictures and videotaping. Please refrain from utilizing any equipment or entering the foam pit. Please also be aware that there are many uneven surfaces in the gym! Children should reserve playtime for downstairs in the gym (during the party)! ***No running or playing is permitted in the lobby or upstairs areas.***

I understand that my party will begin at the scheduled time and that it will not be extended for late arrivals. I also understand that scheduling restrictions require our party end at the schedule time.

I understand that the \$50.00 deposit that goes towards total for the birthday party is non-refundable.

A final bill will be presented to you at the end of the birthday party. You will have the option to add a tip for your party host(s). Your credit card on file will be charged on the following business day for the remaining amount due.

Signed _____ Date _____



Office Use Only:

- Deposit Taken: Google Staff board Upstairs Downstairs
 CC on file

Contract taken by: _____

Permission to Participate & Waiver

I understand, am fully aware of, and recognize the inherent risks, including the possibility of catastrophic injury, as well as other damages and losses associated with participation in the sport of gymnastics and assume the risks on behalf of my child and myself. I further agree that Sandia Acrobatic Gymnastics Academy, along with the employees, officers and directors of this organization shall not be liable for any losses or damages occurring as a result of participation in its gymnastics program. I hereby give permission for any and all medical attention to be administered to myself or my child in the event of accident, injury, sickness, etc. until such time as I may be contacted or can give consent. I also assume the responsibility for the payment of any such treatment.

By signing in, I hereby certify that the above statements are true. I affirm that I have followed all NM mandates and social distancing practices to minimize possible exposure to Covid-19. I also understand that SAGA Gymnastics is not liable for any exposure to, medical fees as a result of, or any issues related to Covid-19. Additionally, I understand that if I have NOT followed NM mandates or have not followed Covid-19 safe practices, I may be asked to self-quarantine.

	Child's Name:	Age	Phone Number:	Date:	Parent/Guardian Signature:
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Parents are NOT allowed on any equipment during the birthday party!