



# BIRTHDAY CELEBRATIONS

with

*Little Stars*  
★ *Gymnastics* ★

**We have a great place to  
celebrate your child's birthday!**

*Our instructor(s) will customize the party activities  
to the age of the birthday child.*

*All the guests are sure to enjoy our gymnastics,  
games and equipment including our foam pit!*

**Leave the set up and clean up to us!**

**Party time is one (1) hour and 45 minutes.**

One (1) hour for Gymnastics/party games and 45 minutes for cake and presents.  
The birthday child will receive a Little Stars Gymnastics birthday medal.

**Party Pricing:** Saturday, \$325 or Sunday, \$345 for up to 15 participants,  
up to 15 additional guests at \$15 each (max party guests is 30).  
A deposit of \$100 is required at the time of booking to reserve the date.  
The remaining balance is due with final guest count 3 days (72 hours)  
prior to party date. Deposit is non-refundable if party is canceled  
less than seven (7) days prior to scheduled event. All children attending  
the party must have a gymnastics waiver completed and signed by  
a parent or legal guardian prior to participation.

**CALL SOPHIA TO SCHEDULE  
(216) 410-7637**



## LITTLE STARS GYMNASTICS WAIVER CLASS REGISTRATION FORM

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Emer. Number: \_\_\_\_\_ Emer. Contact Person: \_\_\_\_\_

Father Cell Phone: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Any Medical Conditions (asthma, allergies, etc.): \_\_\_\_\_

How Did You Find Out About Us: ☐ Family/Friend ☐ Internet ☐ Other: \_\_\_\_\_

As a legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the Little Stars Gymnastics program. I am fully aware of and have a complete understanding that potentially severe or catastrophic injuries, including permanent paralysis or death may be associated with any activity involving height or motion including gymnastics and related activities including tumbling and/or trampoline. I hereby release Little Stars Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child under the instruction, supervision, or control of Little Stars Gymnastics or while at any of its facilities. As a legal guardian of the aforementioned person I hereby agree to individually provide for the possible future medical expenses which may be incurred by the aforementioned child as a result of any injury sustained while training with the Little Stars Gymnastics. The acknowledgement of risk and waiver of liability, having been thoroughly and understood completely, is signed voluntarily as to its content and intent. By my signature, I understand that this class is under an independent contractor who has sole control over its content and supervision. The instructor is not an employee of the daycare center. I agree not to hold the daycare or their employees responsible for any injuries suffered during this activity.

• **No Refunds After Session Begins**

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Photography Authorization & Release:** Photos will be taken periodically during all Little Stars Gymnastics classes. The photos will be used on our website and for various marketing and promotional print pieces for the purpose of promoting the Little Stars Gymnastics classes. The photos will never be given to or sold to any other media for any other use. By signing below you are giving Little Stars Gymnastics permission to photograph your child during classes and reproduce those images for the previously stated purposes.

☐ Yes - It is okay to photograph my child - Parent Signature: \_\_\_\_\_ ☐ No - Do Not Photograph My Child