



Birthday Party Policy

- Party cost is \$175.00 for up to ten children to include the guest of honor and nine participants. A charge of \$15.00 is incurred for each participant over that number.
- A \$75.00 non-refundable deposit is required in order to reserve the party date.
- Final balance must be paid in full prior to the day of the party. Payment for participants over the ten count must be paid to the coach on the day of the party via cash or check.
- In order to participate in gymnastics activities, participants must have a completed release signed by a parent or guardian. These can be obtained from the office.
- All parties are held in the gym and are for ages four and up.
- Parties are held on Saturday only and are 1 ½ hours long. Times vary based upon the current session schedule.
- Party guests enjoy gymnastics inspired games plus the use of select gymnastics apparatuses. Each party is tailored to meet the needs of the overall age group of party participants. The first 50-55 minutes is devoted to the gymnastics portion with the remainder of time for your personal celebration.
- The second story viewing area is the location for the personal part of your celebration; you can arrive 15 minutes prior to the start time to decorate. Table covers are provided.
- Attire: Children must wear a leo or shorts and a t-shirt with no pockets. Long hair must be pulled back in a ponytail; no jewelry, stud earrings are allowed.
- No gum or candy on the gym floor.
- No unattended use of the gymnastics equipment by the party participants or anyone with the party.



13601 Providence Road, Weddington, NC 28104
704-847-0785



STATE OF NORTH CAROLINA UNION COUNTY
Release Agreement and Assumption of Risk

IN CONSIDERATION of the covenants herein contained and agreement with Southeastern Gymnastics, its officers, agents and employees, for My Child/Children My Ward (check one)

_____ (Insert Full Name(s))
to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics at the Southeastern Gymnastics, I do hereby release and discharge Southeastern Gymnastics, its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have or claim to have, against Southeastern Gymnastics, its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or myself if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of Southeastern Gymnastics and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics that can cause harm, injury or death

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I here by authorize any emergency medical treatment for my child by physician, health service or hospital.

PLEASE WRITE CLEARLY: _____
Signature - Parent, Guardian (Date)

(Address) (City, State, Zip)



13601 Providence Road, Weddington, NC 28104
704-847-0785



STATE OF NORTH CAROLINA UNION COUNTY
Release Agreement and Assumption of Risk

IN CONSIDERATION of the covenants herein contained and agreement with Southeastern Gymnastics, its officers, agents and employees, for My Child/Children My Ward (check one)

_____ (Insert Full Name(s))
to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics at the Southeastern Gymnastics, I do hereby release and discharge Southeastern Gymnastics, its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have or claim to have, against Southeastern Gymnastics, its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or myself if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of Southeastern Gymnastics and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics that can cause harm, injury or death

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I here by authorize any emergency medical treatment for my child by physician, health service or hospital.

PLEASE WRITE CLEARLY: _____
Signature - Parent, Guardian (Date)

(Address) (City, State, Zip)