

It's A Party!!

You are invited to a Birthday Party, held for _____,

On _____, at _____.

RSVP by: _____ To: _____



You don't want to miss all the fun you will have at a Birthday Party, held at
Central Illinois Athletics, 1 Cottonwood Drive Chatham, Illinois.

You get to spend an hour and a half having fun on the trampoline,
tumble track, rod floor, playing games, and dancing!

After all the fun, we will relax with cake and watch the birthday child open gifts!

GYM RULES

- *No Zippers, Buckles, or Snaps on clothing
- *No Jewelry (earrings, rings, necklaces)
- ***NO ADULTS ALLOWED ON THE EQUIPMENT**



Thanks for attending a birthday party at CIA!!
We hope you had a great time, and as a special THANK YOU, we are offering you this special discount!!

\$10 OFF Registration Fee

Try our 3 Classes for \$30

Birthday Party Waiver Form

In order for your child to attend a birthday party, the following waiver must be filled out by a parent or legal guardian. **Bring this form with you or fill one out at Central Illinois Athletics.**

Child's Name: _____ Age: _____ Birth Date: _____

Home Address: _____ City: _____ IL Zip: _____

Parent's Name and Contact Number during event: _____

Email: _____

Does your child participate in tumbling, dance, gymnastics now? If so, where: _____

Occasionally we will add photos of the birthday parties to our brochures and website. I authorize CIA to use photographs, video or other likeness of my child for use in its promotional materials and waive any rights of compensation or ownership thereto. I am fully aware and understand that there are risks involved in tumbling and trampoline. Any activity involving motion, height, rotating, jumping, flipping, and movement activities creates the possibility of injury including but not limited to bumps, bruises, cuts, scrapes, scars, broken bones, sprains, strains, paralysis, permanent injury of limbs, neck, back, and even catastrophic injury. I agree to let my child participate in the CIA birthday party understanding these risks. I agree to hold the owners, staff, officers, representatives, and landlord harmless for any injury or resulting medical expenses and release and discharge all rights and claims. In the event of an injury or emergency I authorize CIA staff to consent to medical treatment when I cannot be reached. This waiver is in effect for one year from today's date.

Parent's Signature: _____ Date: _____