

# Samurai Institute

## Birthday Party Contract

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M / F

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Party Date Requested \_\_\_\_\_ Time Requested \_\_\_\_\_

Please choose one of the following packages for your party: Package

Members: \_\_\_\_\_ \$140.00

Non-Member: \_\_\_\_\_ \$160.00

**\*\*Extras for Joint Parties (Siblings Only)\*\***

Extra Child Fee (all packages) Must be checked for parties with more than one child. \$10 \_\_\_\_\_

Balloon Bouquet \$10 \_\_\_\_\_

There is a \$50.00 non-refundable deposit due the day you sign up.

**\* All package prices are based on 15 children.**

More children may be added at a cost of \$8.00 each

You will need to notify office for parties with more than 15 children.

**NO more than 15 children are allowed for 2-, 3-, & 4-year-old parties.**

We do not discount packages for parties of less than 15 children. Sorry, adults may NOT take part in the "Gym Time". You may remain on the perimeter of the mat. Absolutely NO alcoholic beverages are allowed on the premises. Participants must wear a leotard or shorts and a t-shirt. No socks or shoes. Please no belts, jeans, jewelry, or dresses.

Parties ending after the allotted time will be charged a fee of \$2.00 per minute over schedule. This policy will be effective immediately after the allotted time has expired.

If you cancel within one week of your party and we can fill your party slot, you will only forfeit your deposit.

\*Balance must be paid in full no later than the Friday before the scheduled party \*

\*The date and time of my child's Birthday Party is \_\_\_\_\_ at \_\_\_\_\_ pm.

\*I have the following # of children scheduled to come to the party\_\_\_\_\_. \*

\*I have read and understand the terms of the Birthday Policy Sheet and Brochure.

\*I paid my \$50 Deposit on\_\_\_\_\_. My remaining party balance is \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

WAIVER: You agree that you are aware your child will be engaging in physical exercise which could cause injury to them. You agree that your child is voluntarily taking part in these activities and is assuming all risks of injury that might result. Being fully aware of the risks and possibility of injury involved, I consent to have my child take part in the birthday party activities offered at Samurai Institute LLC. I, my executors, or other representatives, waive and release all claims for damage that my child or I may have against Samurai Institute LLC and The Hickory Hub and its representatives whether paid or volunteer. I, being the parent or legal guardian, have read and understand the waiver and give my permission for emergency medical treatment to be provided for my child should I be unavailable.

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_