

Please share with Party Guests:



Birthday Party Policies

(Update 10/1/2024)

We are excited that your child will be attending a birthday party at Elmira Gymnastics Club. Below are the party guidelines. Please read through all policies and let us know if you have any questions.

- Party guests should bring a labeled water bottle for use during the party (water only please).
- All participants should wear clothing suitable for physical activity: bare feet, shorts & tshirt or leotard. Long hair should be pulled back. Please, no belts, jewelry, buckles, nylon tights or dresses. Children should have bare feet or grippy bottom socks.
- **All guests must submit a complete and signed Party Waiver (below) to participate.** Email to Info@elmiragymnastics.com at least 24 hours prior to the party, or send a copy with your child.
- Spectators are welcome to come into the building during the party, but must remain upstairs in the viewing area.
- Participants ages 3 and younger must be accompanied by an adult. *Adults are not permitted to play on the equipment.*

Please let us know if there is anything that we can do to help.

Elmira Gymnastics Club

192 Daniel Zenker Drive, Big Flats NY 14814 ~ 607-733-0145 ~ www.ElmiraGymnastics.com

Elmira Gymnastics Club

Birthday Party Waiver and Release

Before your child attends the party, you must fill out the information below, and email to Info@elmiragymnastics.com 24 hours prior to the party or bring to the party.

THIS FORM MUST BE COMPLETE & SIGNED OR YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE!
Children ages 3 and younger must be accompanied by an adult

Child Name:		Parent Name(s)	
Birthdate:		Phone Number:	
Street		Birthday Party Child	
City, State		Party Date:	
Zip		Party Time:	
Email			

Parent/Guardian Waiver and Release: I fully understand that Elmira Gymnastics Club (EGC) staff members are not physicians or medical practitioners. With the above in mind, I hereby release EGC to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the EGC staff to seek medical help and/or call an ambulance. I am aware that my child will be engaging in physical exercise involving sports and fitness which could cause injury to them. I agree that my child is voluntarily participating in these activities and is assuming all risks of injury that might result. I hereby understand the risk and release EGC of any and all liability due to an accident or injury during an EGC event. If my son/daughter has any physical condition that may impair his/her ability to engage in the activities, it is my responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program.

Parent/Guardian Signature: _____ Date: _____