

**COMMUNITY SERVICES**  
Gymnastics Birthday Party Package Contract

501 Laurel St.  
Menlo Park, CA 94025  
Ph 650-0330-2224 Fx 650-327-7046



1. BIRTHDAY PARTY CONTACT INFORMATION			
Name of Parent/Guardian(s): _____			
Address: _____	City: _____	State: _____	Zip: _____
Home Phone: _____		Alternate Phone: _____	
E-mail Address: _____		Number of Attendees <i>(excluding adults)</i> : _____	

2. CHILD INFORMATION	
Name of Birthday Child: _____	Age: _____
Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Average age of children attending: _____

3. DATE AND TIME				
Selection	Date	Time		
1 <sup>st</sup> Choice	Sunday	<input type="checkbox"/> 10:00-11:50am	<input type="checkbox"/> 12:30-2:20pm	<input type="checkbox"/> 3:00-4:50pm
2 <sup>nd</sup> Choice	Sunday	<input type="checkbox"/> 10:00-11:50am	<input type="checkbox"/> 12:30-2:20pm	<input type="checkbox"/> 3:00-4:50pm

Special Requests: _____ _____ _____
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**TOTAL FEES:** \_\_\_\_\_

**Payment Information**

Cash     Check     Visa     Mastercard

Account # \_\_\_\_\_ Exp. \_\_\_\_\_ Account Holder Name \_\_\_\_\_

I agree to pay the above charges and authorize the City of Menlo Park to charge these costs to my credit card.

Authorized Signature: \_\_\_\_\_

Please make all checks payable to: City of Menlo Park. **Note: There is a \$30 charge for returned checks.**

**Office Use Only:** Payment: R# \_\_\_\_\_ Date \_\_\_\_\_ Processed By \_\_\_\_\_  
 Entered into Calendar     Entered into Staff Schedule     Instructor Confirmed     Application Complete

## Birthday Party Policies

**Adult Supervision Required:** For party participants under the age of 5 parents are allowed to help the participants with the activities on the gym floor. For party participants over the age of 5 we respectfully request that participants are not accompanied onto the floor by parents. Under no circumstances can children be dropped off without an adult present for the duration of the party. Please note: City Staff is not responsible for the behavior of the children at your party. It is the responsibility of the parents to discipline any unruly child attending the party.

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Initial

**Attendance:** The parties are limited to 20 participants. A penalty of \$10 per additional child will be charged. If the party host is aware that they will be having additional participants they must notify the gymnastics department at least 2 weeks in advance. We will not allow over 30 participants.

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Initial

**Waivers:** All children attending the party must have a signed waiver completed by the child's parent or guardian. The party host is responsible for obtaining all waivers and submitting them to CSD staff before the start of the party.

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Initial

**Cleaning Policy/Damages:** In the event that the party host brings their own decorations or supplies, they are responsible for removing them from the facility before the end of the party. Decorations may be fastened with only painters or masking tape. Tacks, staples, nails, duct tape, or any other fastening devices are not permitted. Any damage incurred to the walls, windows, tables, chairs, carpet or any property is the responsibility of the party host. This includes litter in the parking lot, patio area, lobby, or any excessive cleaning done by our staff. The party host will be billed for damages, cleaning expenses, and staff overtime for total damages.

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**Storage of Personal Items:** Storage is not available either before or after the party. This includes food, beverages, floral arrangements, decorations, equipment, etc.

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**Alcohol:** Alcoholic beverages; Beer, Wine, Champagne, or hard Liquor of any kind is strictly prohibited. If alcohol is present, the party will be shut down immediately and if necessary the police will be contacted.

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Initial

**Ending Time:** It is the responsibility of the party host to have your party completely out of the room/building at the designated time. You may not go over the time allotted for your party.

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Initial

**Refund/Cancellation Policy:** For all cancellations, a \$50.00 fee is charged. An additional service and handling fee will be charged to have fees returned to credit cards or to have a check issued.

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Initial

*I hereby certify and agree that I shall be personally responsible on behalf of myself/organization for any damage sustained by the facility, furniture, or equipment, as a result of the occupancy of said facility by my group/organization.*

*I hereby waive, release, discharge and agree to indemnify, defend and hold harmless the City, its officers, employees, and agents from and against any and all claims by any person or entity, demands, causes of action or judgments for personal injury, death, damage or loss of property, or any other damage and/or liability occasioned by, arising out of, or resulting from this reservation or use of the facilities.*

*I hereby declare that I have read and understand and agree to abide by and to enforce the rules, regulations, and policies affecting the use of the facilities.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By