

# Birthday Party Registration Form



7081 N Pine Island Rd.  
Tamarac, FL 33321  
954-746-KIDS  
www.allsportskids.com

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
MOTHER/GUARDIAN \_\_\_\_\_ DAY PHONE# \_\_\_\_\_  
FATHER/GUARDIAN \_\_\_\_\_ DAY PHONE# \_\_\_\_\_  
MOTHER EMAIL \_\_\_\_\_ FATHER EMAIL \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
DATE OF THE PARTY \_\_\_\_\_ TIME OF THE PARTY \_\_\_\_\_  
NUMBER OF CHILDREN EXPECTED AT THE PARTY \_\_\_\_\_ HOW DID YOU HEAR ABOUT ALL SPORTS? \_\_\_\_\_  
WHAT SPORTS DO THE BIRTHDAY CHILD LIKE TO DO? \_\_\_\_\_

**Number of children expected at the party**

\_\_\_\_\_ INITIALS \_\_\_\_\_

**Personal belongings**

All Sports, and their employees, are not accountable for children's personal belongings, including electronics.  
INITIALS \_\_\_\_\_

**Price**

- \$300: for 3 hours with one staff/instructor (table and party time setting, party room, gym); 20 children maximum; and food excluded INITIALS \_\_\_\_\_
- \$5: for each additional child INITIALS \_\_\_\_\_
- \$75 for each additional instructor/staff INITIALS \_\_\_\_\_
- \$15 for each additional 15 minutes INITIALS \_\_\_\_\_
- \$50 deposit is required to reserve your space. INITIALS \_\_\_\_\_
- \$50 Cleaning Fees non refundable. INITIALS \_\_\_\_\_

Please discuss the details of your party with the management before the party. INITIALS \_\_\_\_\_

I authorize All sports to charge unilaterally my credit card if needed for any party balance, any fee on additional attending children, facility damage, extended party room time, or other incidental charges.  
INITIALS \_\_\_\_\_

Print Guarantee Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Authority will be called if child is not picked up by 1145pm.**

**ALL SPORTS - Acknowledgement of the Risks**

In consideration for participation in activities at All Sports facility, I hereby agree as follows: I understand that participation in All Sports activities is risky, and that risks of injury include, without limitation, scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and my child or ward. INITIALS\_\_\_\_\_

With the full understanding of the risks stated above I, for myself and my child or ward, hereby release, hold harmless All Sports, and the owners, officers, directors and managers of such entities, and their heirs, successors and assigns, in connection with the participation of myself, my child or my ward in activities at All Sports facility. I agree to reimburse any reasonable attorney's fees and costs that may be incurred by All Sports, in the defense of any such liability claim, demand, action or cause of action . INITIALS\_\_\_\_\_

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I, for myself and my child or ward, agree to follow the safety rules of All Sports, and agree that the failure of myself, my child or my ward to do so may result in expulsion from All Sports. . INITIALS \_\_\_\_\_

I approve the use of any photographs taken by All Sports in which the undersigned is part of to be used on All Sports website or print media. I agree and understand that this agreement is binding on myself, my child or ward, and the heirs, successors and assigns of myself and my child or ward. INITIALS\_\_\_\_\_

By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian. INITIALS \_\_\_\_\_

CHILD'S NAME	DATE OF BIRTH	CHILD'S NAME	DATE OF BIRTH	CHILD'S NAME	DATE OF BIRTH
1. _____	_____	2. _____	_____	3. _____	_____
4. _____	_____	5. _____	_____	6. _____	_____
7. _____	_____	8. _____	_____	9. _____	_____
10. _____	_____	11. _____	_____	12. _____	_____
13. _____	_____	14. _____	_____	15. _____	_____
16. _____	_____	17. _____	_____	18. _____	_____
19. _____	_____	20. _____	_____	21. _____	_____
22. _____	_____	23. _____	_____	24. _____	_____
25. _____	_____	26. _____	_____	27. _____	_____

Printed Guarantor Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian\_\_\_\_\_