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

$500: for 3 hours with one staff/instructor (table and party time setting, party room, gym); 20 children maximum; and food excluded INITIALS _____
$150 for each additional instructor/staff *INITIALS _____
$150 for each additional hour INITIALS _____
$100 deposit is required to reserve your space. INITIALS_____
$125 set up fees - an hour prior to party 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 11:45pm.

** Every 20 kids require an additional coach.*
*** Complimentary 30 minute set up prior to start of party, for additional time please ask staff.*

ALL SPORTS - Acknowledgement of the Risks

In consideration of my 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 _____

I understand and agree that I, my child or ward, and/or the renting organization accept full responsibility for any damage to All Sports property, equipment, furniture, fixtures, or the facility that occurs during our rental or use of the facility. The renter agrees to repair or replace, at their own expense, anything that is broken, damaged, lost, or destroyed by the renter, participants, athletes, coaches, staff, guests, or invitees during the rental period. All Sports reserves the right to determine whether damaged property or equipment must be repaired or replaced, and the renter agrees to reimburse All Sports for all reasonable repair or replacement costs. 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

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: _____