



Paramount Sports Complex
21 Landings Drive
Annville, PA 17003

(717) 838-0330
www.paramountsportscomplex.com

DATE OF PARTY: _____

TIME OF PARTY: _____

NAME OF CHILD:				AGE:	
NAME OF PARENT(S):					
HOME ADDRESS:					
EMAIL ADDRESS:					
HOME PHONE NO:			CELL PHONE NO:		

TYPE OF PARTY (✓)	BASIC:	SINGLE:	DOUBLE:	TRIPLE:
PARTY AREA(S) (✓)	MAIN GYM:	KIDMAZIUM:	PRESCHOOL GYM:	ROCKWALL:

APPROX NO. OF PARTICIPANTS:	All parties are for up to 20 participants. \$8 for each additional participant. Participants must be under the age of 16 years. Parents may supervise children under the age of 3 but not use the equipment.
AGES OF PARTICIPANTS:	

EVERY PARTICIPANT MUST HAVE A WAIVER SIGNED BY THEIR PARENT OR LEGAL GUARDIAN

- Grandparents, Relatives, Friends etc. are **NOT ACCEPTABLE**. Parents supervising must have a signed waiver. We suggest sending a waiver with your invitations or they can be downloaded at www.paramountsportscomplex.com.

I also understand that Paramount **cannot** guarantee what party room/ area you will be assigned for your after party celebration. We will make every effort to accommodate a request. The party room is for use at the end of your celebration. There will not be an opportunity to go back to your party area. Your party room may not be available at the start of your party.

I HAVE READ AND UNDERSTAND THE WAIVER REQUIREMENT AND PARTY ROOM/ AREA POLICY

SIGNED _____

AGREEMENT: This is an agreement between Paramount Sports Complex and _____ stating that _____'s party will be as stated above and have a total estimated cost of \$_____. Payment is due at time of booking. Parties are for up to 20 participants and extra participants may be paid for on the day of the party by cash or credit card. Please note that your party may not be the only activity in our gym / Kidmazium at the time.

CANCELLATION POLICY: Parties cancelled 6 weeks before the party will receive a full refund. Parties cancelled between 2 -6 weeks before the party will receive a refund less \$100, which will be credited to your Paramount account to be used within one year. If you cancel within 2 weeks of your party date, the payment will be held as a credit to use at Paramount within one year. Parties may be rescheduled at no extra charge.

I understand that participation in this party will involve motion, rotation and height in a unique environment and as such carries with it the risk of injury. The person signing this document assumes all medical responsibilities and costs incurred from participation in this party at Paramount Sports Complex, Inc.

Parent's Signature				Date			
Staff use only:							
BASIC \$175	CC DATE:	CHECK #:	CASH ID:	SINGLE \$200	CC DATE:	CHECK #:	CASH ID:
DOUBLE \$250	CC DATE:	CHECK #:	CASH ID:	TRIPLE \$290	CC DATE:	CHECK #:	CASH ID:

No. of additional participants: _____ x\$8 = _____ Payment method (no checks): _____

Gratuities to the birthday staff are always appreciated but not required