

Registration & Waiver

- ☐ Standard Birthday Party (up to 10 kids): **\$50.00**
☐ Black Light Birthday Party (up to 10 kids): **\$75.00**

Party Date:_____ Party Time:_____

Age of Birthday Child _____ ☐ Girl ☐ Boy

Child's Name:_____

Parent's Name:_____

Phone #:_____

Names of children attending party:

1:_____	2:_____	3:_____
4:_____	5:_____	6:_____
7:_____	8:_____	9:_____
10:_____		

For children exceeding the limit of 10, there will be a \$5.00 charge for each child.

11:_____	12:_____	13:_____
14:_____	15:_____	

Waiver: I hereby waive and release any and all rights and claims for damages against Roundup Athletic Club, CHI St Anthony Hospital, its agents and employees which may occur to my child while participating in this activity. I certify that the parents of the children attending understand that the children will be participating in physical activities during this event and have given permission to participate.

I have read and understand this waiver.

X_____ Date:_____

Parent's Signature

Transaction # _____ Staff Initials _____