

BIRTHDAY PARTIES AT BOOKING FORM/CONTRACT

Name of Birthday (circle one) boy / girl: _____

Turning age: _____

Parent(s) name(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

email: _____

Number of participants anticipated (including celebrant): _____

Date & time of party: _____

The following is a limited list of some of our most popular party games & activities. Please circle any that your child would like to include in their party program. Use additional space below for any further requests.

dodgeball		octopus tag	
monster volley		ladders	
freeze tag		obstacle course	
relay races		soccer	

T e r m s o f C o n t r a c t

1. D e p o s i t / C a n c e l l a t i o n s :

50% of the minimum charge (\$157.50) is due at the time of booking. Refund of the deposit is based on specific circumstances and is at the sole discretion of CATZ management. No refunds will be issued for cancellations within 48 hours of the originally scheduled date.

2. T e r m s o f p a c k a g e :

Included in the price of the Birthday package: a customized Completely Active™ program of games & activities lead by two CATZ Coaches plus any necessary sports equipment, use of our foyer area for food (including table & chair setup), use of our media delivery system for any music or video, one T-shirt & sport-bag per participant and passes for return visits. The base rate is \$315.00 which covers 15 participants for 90 minutes. Additional participants incur a flat-rate charge of \$20.00 per child. Additional coaches (suggested ratio 1:10) may be added at the rate of \$100.00 per coach. **If your party exceeds 24 participants, an additional coach is mandatory and will be charged to your account.**

3. P a y m e n t :

The balance of payment due is to be paid in full at the time of the party (including overage charges for participants, additional coaches or added time).

4. W a i v e r r e q u i r e m e n t :

As the host family, it is your responsibility to distribute & return to CATZ a liability waiver for each child participating in your party. We can provide hard copies for you to distribute with your invitations or we can send you a digital copy that may be distributed by email. We will have copies available on the day of your event as well. Please understand that no child will be permitted to participate without a completed waiver form.

Client signature _____ date _____

CATZ representative _____ date _____

CATZ use only

deposit collected by: _____ **email waivers to:** _____
scheduled in EZfacility by: _____ **Coaches notified by:** _____
T-shirts/bags + sizes: _____

Foyer setup notes/additional info:



BIRTHDAY HOST INFORMATION

1. Please let your guests know that we'll be LEAVING OUR SHOES ON. Many indoor venues for kids ask that shoes and socks be removed, so you'll have to let them know: Here at CATZ we need them to wear socks and sturdy athletic footwear. For your convenience, we have provided you with reproducible tear-offs below to include with your invitations.
2. Approximately 72 hours prior to your party, you will be contacted by a CATZ coach to confirm the number of participants in your party. We understand that there are always last-minute adjustments to this number and we allow for a small margin of error. However, in order to plan for the fun and safety of everyone in your party it is important that your number be as accurate as possible. If the number of participants in your party exceeds 24 an additional coach is mandatory and the fee will be applied. The additional coach fee is \$100.00 and allows for up to 36 participants. Remember to plan for any bystander friends or siblings who could jump into the action, they will count as participants too.
3. Please understand that we need a signed liability waiver from a parent or legal guardian of each participant in your party. We can give you copies to include with your invitations, we can email the form to you and we will have hard-copies at the ready the day of your party. To request a digital copy of the form, please email: jsei@catzsports.com or visit <http://www.catzsports.com/locations/forms/4> .

CATZ is not your typical kid-gym...

NO BARE FEET, SOCKS-ONLY or FLIP FLOPS.

We will be running, jumping and playing
on an indoor field.

**Please be sure to wear socks and sturdy
athletic footwear to the party.**



801 South Raymond Avenue
Pasadena, CA 91105
(626) 793-3867

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CATZ Agreement and Release of Liability

Competitive Athlete Training Zone
801 S Raymond Ave
Pasadena, CA 91105
626.793.3867 fax 626.356.0570

CATZ Agreement and Release of Liability

1. In consideration of being allowed to participate in the sports performance programs of CATZ and to use its facilities, equipment and services, in addition to payment of any fee or charge, I do hereby forever waive, release and discharge CATZ and its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damage to my person and/or property, including those caused by the ordinary negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of CATZ, or other use of any equipment at various sites, including home, outdoor areas, provided by and/or recommended by CATZ. I understand that the terms of this release shall not apply to gross negligence, willful or wanton conduct or criminal activity. (Please initial ____).

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness and sports performance activities involve a risk of injury, including a remote risk of stroke, heart attack, death or serious disability, and that I am voluntarily participation in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial ____).

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (Please initial ____).

4. I understand that CATZ provision and maintenance of a sports performance program for me does not constitute an acknowledgment, representation or indication of my physiological well being, or a medical opinion relating thereto. (Please initial ____).

5. In the event that any provisions of this agreement should be deemed to be invalid, then and in that event, the remaining terms hereof shall continue to be valid and enforceable between the parties hereto. (Please initial ____).

Parent's
Signature _____ Date _____

Athlete's
Signature _____ Date _____



BIRTHDAY PARTICIPANT FORM

Welcome to CATZ! We are going to have a lot of fun, but before you may participate we need a responsible adult to fill out this entire form on both sides. This information is for CATZ only and will not be sold or distributed to any outside parties.

PLEASE WRITE LEGIBLY

Name of Birthday boy/girl: _____

Name of participant: _____

age: _____ birth date: _____

Parent/Legal Guardian name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Please ensure that our child wears tennis shoes or other appropriate athletic footwear during the party. No flip-flops, sandals or bare-feet please.

Participant information:

Are there any physical conditions or limitations that our CATZ coaches should be aware of that may affect or limit your child's participation?* Y _____ N _____

If yes, please explain:

*Please note that any allergy information should be communicated directly to the host family. CATZ does not serve or provide any food or drink to participants with the exception of filtered tap water.