

BIRTHDAY PARTY REGISTRATION FORM

Child's Name: _____

Birthdate: _____ Age: _____ Parents: _____

E-Mail: _____

Home Phone: _____ Work/Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PARTY DETAILS

DATE: _____ TIME: _____

NUMBER OF GUESTS: _____ THEME _____

COLORS: _____ SERVING LUNCH: YES NO

SPECIAL REQUESTS: _____

PAYMENT INFORMATION

\$50 Deposit Required to secure date and time for party. Balance Due no later than the day of the Birthday Party.

Coupon/Discount Code: _____

AMT PAID: _____ DATE PAID: _____ PAID BY: _____

BALANCE: _____ DATE PAID: _____ PAID BY: _____

CANCELLATION & REFUND POLICY

Cancellation Notice must be given at least 2 weeks in advance for a Refund of the deposit. Inclement Weather Policy: If your party must be cancelled due to Inclement Weather, we will refund any payments made including the deposit for the party.



7414 CREEDMOOR RD.
RALEIGH, NC 27613
www.kicks-tkd.com

BIRTHDAY PARTIES

Ages 5 & Up



CALL TODAY!

919-435-4258



- *MUSIC**
- *GAMES**
- *OBSTACLE COURSES**
- *TKD LESSONS**
- *AND MUCH MORE!**

90 MINUTES (20 GUESTS)

Cost: \$500

\$5 for each additional guest

Gratuities are at the discretion of the party.

****For Sunday Booking: Add \$100**

WE PROVIDE:

- TABLES & CHAIRS**
- CLASS INSTRUCTION**
- ENTERTAINMENT**

YOU PROVIDE:

- CAKE (Candles & Knife)**
- DECORATIONS**
- TABLE COVERS**
- SNACKS**
- DRINKS**
- UTENSILS**

CALL TO MAKE A RESERVATION!

PARTY DETAILS

DATE: _____

TIME: _____

NUMBER OF GUESTS: _____

THEME _____

COLORS: _____

SERVING LUNCH: YES NO

SPECIAL REQUESTS: _____

PAYMENT INFORMATION

\$50 Deposit Required to secure date and time for party. Balance Due no later than the day of the Birthday Party.

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AMT PAID: _____

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RELEASE OF LIABILITY

By signing below, I hereby warrant that I am the parent or legal guardian of _____, who is a minor. I understand that KICKS TaeKwonDo Academy (JJW & PD Inc.) Birthday Parties involve fitness, exercise, and other sporting and recreation activities, in which my child will be involved, and which involve a risk of bodily or physical injury, whether caused by the actions or negligence of members of KICKS TaeKwonDo Academy, guests, volunteers, other children involved in the party, or employees of KICKS TaeKwonDo Academy. I understand and voluntarily accept and assume this risk of injury for myself and my child, and agree KICKS TaeKwonDo Academy, its employees, officers, directors, and shareholders will not be liable for any injury including, without limitation, personal, bodily or mental injury, death, economic, monetary or financial loss, or any damage of any nature whatsoever to me, my child or his or her heirs, representatives, or estates occurring at the premises of KICKS TaeKwonDo Academy, while using the facilities and equipment owned or operated by KICKS TaeKwonDo Academy, or while participating in activities or classes, providing or receiving training or instruction, or observing or participating in any way in any fitness, exercise, or other sporting or recreation activities or events of KICKS TaeKwonDo Academy, or resulting from or in any way arising out of the negligence of KICKS TaeKwonDo Academy, anyone on KICKS TaeKwonDo Academy behalf, or anyone at the premises KICKS TaeKwonDo Academy or using the facilities owned or operated by KICKS TaeKwonDo Academy. I further agree that the foregoing release and waiver of claims and liability is intended to be as broad and inclusive as is permitted by the laws of North Carolina and that if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect. I acknowledge that I have read the release of claims and waiver of liability and that I am aware of its legal consequences, including that it prevents me from suing or asserting any claims against KICKS TaeKwonDo Academy or its employees, agents or officers if my child is injured or damaged for any reason as a result of his or her participation in the Birthday Party.

Parent Name (Print): _____

Parent Signature: _____ Date: _____

PICTURE RELEASE FORM

This release form is for the purpose of putting pictures with students on the KICKS TaeKwonDo Website. The intended use is for promotional segments throughout the site including but not limited to monthly specials, advertisement and/or educational aids for current students.

I _____ give my permission for KICKS TaeKwonDo's Webmaster and owners to use my child's picture(s) on the KICKS TaeKwonDo Website.

I _____ DO NOT give my permission for KICKS TaeKwonDo's Webmaster and owners to use my child's picture(s) on the KICKS TaeKwonDo Website.

Child's Name _____

Parent Signature _____ Date _____