

# It's a Party! AND YOU'RE INVITED

## It's a Party for

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: **5 Graphics Drive, Ewing NJ 08628**

RSVP to: \_\_\_\_\_ RSVP by: \_\_\_\_\_

## It will be a Time to Remember.

You will enjoy one hour of fun activities and thirty minutes in a party room with the guest of honor. Your child will engage in fun, creative, inclusive activities customized to the needs of our guests.

Children, please come prepared with socks and sneakers. We have multiple activities planned that may or may not require shoes and sneakers. Our parties are most appropriate for children ages 3 and up and may at times require a parent to stay and help support their child's needs. We typically start all parties without parent's assistance, however, if we feel it's appropriate, we will have a parent join us, so we ask you to come prepared in comfortable clothing as well.

The party waiver attached must be completed in advance of the party and returned to the staff when you arrive.



**Inclusion  
Sports  
Performance  
Training**

inclusionsportspt@gmail.com  
609-812-2566

## THINGS TO KNOW

- If you are attending a swim party and your child is not toilet trained, please make sure they have 2 forms of protection (a swim diaper and reusable rubber pants)
- If your child is a non swimmer, one parent is required to get in the pool
- If you are attending a gymnastics party, please remain on the premises in the event your child needs additional assistance



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## RELEASE AND WAIVER

### THE FORM BELOW MUST BE COMPLETED AND RETURNED TO Party STAFF UPON ARRIVAL

At Inclusion Sports Performance Training (ISPT) safety comes first, which will allow for all kids to have the fun we want for them while here with us. However, there is always a risk of an accident occurring. Therefore, we need a completed consent from at least one parent prior to your child participating in activities at ISPT. Please provide this signed waiver upon arrival to the party so that your child is allowed to participate. Please read carefully this assumption of risk, waiver of liability, and medical authorization.

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's DOB / / Gender  Male  Female

Address \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

What is your e-mail address? \_\_\_\_\_

Is this your first visit to ISPT?  Yes  No

How did you hear about us? \_\_\_\_\_

Any medical issues you think we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

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## PARENTAL CONSENT

I, hereby covenant and promise that I am the minor's parent and/or legal guardian, and on behalf of myself and the minor, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility. I hereby release, discharge, covenant not to sue and AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's or my account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including, but not limited to injury, negligent rescue operations, and/or exposure to infectious diseases and I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above RELEASEES, I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RELEASEE may incur as the result of any such claim.

Print name of person signing \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Relationship: \_\_\_\_\_