Powell River Gymnastics

BIRTHDAY PARTY GUEST LIST

Party Date: _____

Party Time: _____

Powell River Gymnastics, through Gymnastics BC, provides liability insurance for Birthday Parties; however, individual accident and medical insurance is not provided. As the Host Parent, it is your responsibility to inform your guests of this policy. Optional accident insurance can be provided for $20/guest who desires coverage.

Powell River Gymnastics is required to collect the following information in order to activate the event liability coverage.

Party Parent Name: _____ Phone (H): _____

Address: _____ Phone (C): _____

GUEST LIST

	Name	Age	Phone Number	Gym Member
1	*		*BIRTHDAY CHILD	Y / N
2				Y / N
3				Y / N
4				Y / N
5				Y / N
6				Y / N
7				Y / N
8				Y / N
9				Y / N
10				Y / N
11				Y / N
12				Y / N
13				Y / N
14				Y / N
15				Y / N
16				Y / N
17				Y / N
18				Y / N
19				Y / N
20				Y / N

I HAVE INFORMED THE PARTY PARENTS IN REGARDS TO INSURANCE COVERAGE AND HAVE HAD EACH PARENT SIGN THE APPROPRIATE GYMNASTICS BC WAIVER:

Print Name	Date
Signature	