



Manomet Youth Center Birthday Parties

Gymnastics Party!

- *Ages 18 mo—5 years. The party is 1 hour of obstacle course, parachute play, and fun in our gym, followed by a 1/2 hr in our party area for cake and presents.*
- *\$180 includes up to 15 children (There is an additional charge of \$5 per child over 15 with a maximum of 20 children.)*

Parents are responsible for:

- 1. Cake/Food/Drinks*
 - 2. Paper Products/Plates/Flatware*
 - 3. Decorations*
 - 4. Goodie Bags*
 - 5. Remaining at the party the entire time.*
- *Parties for children ages 18mo—5 years*
 - *Gymnastics Birthday Parties are available Saturday and Sunday at 11:00 am*
 - *We will provide you with two energetic, well-trained instructors, as well as a festive, safe, and caring atmosphere for your child on their special day.*

Contact person: Holly Coots

Town of Plymouth: Recreation Department

26 Court Street
Plymouth, MA 02360

Phone: 508-747-1620 x10137

Email: hcoots@townhall.plymouth.ma.us

Manomet Youth Center is located at

659 State Road: On the Corner of

Bartlett Road &

State Road (Rte 3A)

**Town of Plymouth
Recreation Department**

26 Court Street
Plymouth, MA 02360
(508) 747-1620 Ext 10137

www.plymouthrec.com

W A I V E R

LAST NAME: _____ PARENTS: _____

ADDRESS: _____
(STREET / P.O. BOX) CITY/TOWN State ZIP

HOME #: _____ WORK#: _____ CELL#: _____

EMAIL ADDRESS: _____

CHILD'S NAME: _____ DOB: _____ MEDICAL INFO: _____

CHILD'S NAME: _____ DOB: _____ MEDICAL INFO: _____

CHILD'S NAME: _____ DOB: _____ MEDICAL INFO: _____

CHILD'S NAME: _____ DOB: _____ MEDICAL INFO: _____

I, the parent/guardian of the child named above (or adult participant named above), have been made aware that the Town of Plymouth, the Recreation Department, and its related parties are not covered by insurance for persons injured while taking part in Recreation Department programs. In consideration of my child's upcoming participation, I hereby hold the Town of Plymouth, its servants and employees and related parties harmless from any injury my child may incur during said participation. Further, I am delegating authority in advance of any specific diagnosis or treatment to an authorized person from the Recreation Department and the doctor/clinic/hospital to exercise their best judgment as to necessary medical/surgical treatment for my child in the event I cannot be reached. I agree to hold harmless the Town of Plymouth, the Recreation Department, its servants and employees, its related parties and the doctor/clinic/hospital treating my child for failure to obtain my consent. I further grant authorization for any pictures taken of my child to be used for publicity and promotional purposes.

Signature: _____ Date: _____

All participants must have parent/guardian fill out a waiver.