



**Avon Recreation Center Birthday Party Registration**

Childs Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

10 Children or less (plus 4 adults) \_\_\_\_\_ **\$95.00**  
11 – 15 children (plus 5 adults) \_\_\_\_\_ **\$110.00**

Saturday: Date \_\_\_\_\_  
1:30pm - 3:30pm \_\_\_\_\_  
4:30pm – 6:30pm \_\_\_\_\_

Sunday: Date \_\_\_\_\_  
1:30pm - 3:30pm \_\_\_\_\_  
4:30pm - 6:30pm \_\_\_\_\_

**Adult/Child ratios are required for Recreation Center swimming parties. 4-5 attending adults must be wearing a bathing suit and actively supervising children 8 years of age and under.**

**Maximum number of children allowed is 15. Additional adults will be charged regular admission fees.**

VI \_\_\_\_\_ MC \_\_\_\_\_ Check \_\_\_\_\_

CANCELLATIONS MUST BE MADE 48 HOURS BEFORE PARTY FOR A REFUND TO BE GRANTED.

ALL REFUNDS WILL BE MAILED AND ARE SUBJECT TO A 10% CANCELLATION FEE.

A \$75 DAMAGE DEPOSIT CHECK WILL BE COLLECTED AND HELD UNTIL THE COMPLETION OF THE BIRTHDAY PARTY. AT THIS POINT A STAFF MEMBER WILL CHECK FOR DAMAGES AND RETURN THE DEPOSIT IF THERE ISN'T DAMAGE TO THE ROOM.

In consideration of the acceptance of my enrollment in this recreation program of the Town of Avon, I for myself, my executors, administrators and assigns, do hereby waive any and all rights and claims I may have against the Town of Avon, its personnel, instructors, or other individuals associated with the recreation program, for any and all injuries or disabilities suffered by me as a result of my participation in said recreation program.

I also authorize and consent to any emergency medical treatment to render myself or my child under general or special supervision and on the advice of any physician licensed in the State of Colorado.

Parent Signature: \_\_\_\_\_

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