

Town of Plymouth
Recreation Department
26 Court St
Plymouth, MA 02360
(508) 747-1620 Ext 10137
www.plymouthrec.com

For Office Use			
Cash \$			
Check #			
Amount \$	_		
Date			

**EXTRA** 

COST @

\$5.00 EACH

**TOTAL** 

DUE

# OVER 15

(ADD'L MAX 5)

- Make check payable & return to: Plymouth Recreation Department.
- · We now accept Cash, Checks or Credit Cards.

**PROGRAM** 

**NAME** 

DATE

- There will be a \$25 charge for any returned checks.
- Refund requests must be submitted no later than 5 business days before day of the party.

# OF

**CHILDREN** 

(UP TO 15)

**BASE** 

COST

• There is a \$10 processing fee for all refunds requested.

TIME

BIRTHDAY PARTY		\$165.00				
TYPE OF PARTY (SEE BELOW):  PLEASE INDICATE WHICH ONE IE: soccer, pillo hockey, basketball, relay races, parachute, messy backyard (it's a game where the kids throw the balls back and forth trying to get all the balls off their side), sit down scooters, homerun derby, obstacle course and dodgeball) or GAME ROOM						
	(FIR					
SEX: M / F D/O/B:/ AGE: MEDICAL INFO: ADDRESS:						
(STREET / P.O. BOX)	CI	ITY/TOWN STATE	ZIP			
HOME #:	WORK#:	CELL#:				
EMAIL ADDRESS:						
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. I have read and understand the Birthday Party Rules attached.						
Signature:	D	Date:	_			

## Town of Plymouth Recreation Department

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## WAIVER

LAST NAME:	PARENTS:		
ADDRESS:(STREET / P.O. BOX)	CITY/TOWN	State	ZIP
HOME #:			
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 nam Town of Plymouth, the Recreation De while taking part in Recreation Depart hold the Town of Plymouth, its servan during said participation. Further, I an thorized person from the Recreation Desary medical/surgical treatment for Plymouth, the Recreation Department ing my child for failure to obtain my copublicity and promotional purposes.	partment, and its related par ment programs. In consider its and employees and relate in delegating authority in adv Department and the doctor/cl my child in the event I canno its servants and employees	ties are not covered by insurance ation of my child's upcoming partied parties harmless from any injurance of any specific diagnosis or inic/hospital to exercise their bestot be reached. I agree to hold harms, its related parties and the docto	for persons injured cipation, I hereby y my child may incur treatment to an aujudgment as to necmless the Town of r/clinic/hospital treat-
Cianatura		Data	

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

## Manomet Youth Center Birthday Party Rules

- 1. You may access the Youth Center 25 minutes before the start of your party to set up and decorate. Your party is 1  $\frac{1}{2}$  hours long. There is an additional charge for parties running over their allotted time.
- 2. All guests must enter the Youth Center through the front door.
- 3. Waivers must be signed by every parent whose child is attending the party. One per family listing each child's name.
- 4. Only the children participating in the party are allowed in the gym. If this rule is not obeyed, the party fun will be halted until all guests/children adhere to it.
- 5. Only the party children are to be in the game room and utilize the game tables.
- 6. All children participating in the party will be in the same room at the same time. If time is to be split between the game room and the gym, all children will go to one and then to the other. No exceptions.
- 7. All children not participating in the party MUST be supervised by an adult.
- 8. You have paid for up to 15 children. If more than 15 children attend the party, there is a \$5 per child charge for up to 20 children. At no time will there be more than 20 children in the gym. Payment for extra children will be made to the instructors the day of the party.
- 9. You must pay attention to the Party Instructors. They are there to enforce all party rules making it a safe and enjoyable experience for all.
- 10. Please give us your feedback on your party. We are always interested in how your party turned out and looking for ways to improve them.