



Manomet Youth Center Birthday Parties **GaGa Party!**

- *Ages 6-13. The party is 1 hour of Gaga Ball, followed by a 1/2 hour in our party area for cake and presents.*
- *\$185 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 6-13*
- *MYC Birthday Parties are available Saturday and Sunday 11:00 am—4:30 pm.*
- *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 St
Plymouth, MA 02360
Lower Level

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 (Route 3A)*

**Town of Plymouth
Recreation Department**

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

www.plymouthrec.com

Make check payable & return to: **Plymouth Recreation Department.**

There will be a \$25 charge for any returned checks.

Refunds requests must be submitted no later than 5 business days before day of the party.

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

PROGRAM NAME	DATE (SAT or SUN)	TIME (11:00am-5:00pm)	# OF CHILDREN (UP TO 15)	BASE COST	# OVER 15 (ADD'L MAX 5)	EXTRA COST @ \$5.00 EACH	TOTAL DUE
BIRTHDAY PARTY				\$185.00			

TYPE OF PARTY: **GAGA PARTY**

CHILD'S NAME: (LAST) _____ (FIRST) _____ (M.I.) _____

SEX: M / F

D/O/B: ____ / ____ / ____

AGE: _____

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

CONTACT NAME: _____

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.

Signature: _____

Date: _____

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

**Town of Plymouth
Recreation Department**
11 Lincoln Street
Plymouth, MA 02360
(508) 747-1620 Ext 137
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: _____

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