

Kids Party Central Classes Application Form

How to register:

Phone: Call 707 575 5437 with course code, start date/time and payment details

Walk In: Complete form and submit payment to Kids Party Central during Open Play hours

Email: Participants name, date of birth, class codes, start time and date and email to kidspartycentral@live.com
(Do not include payment details, you will receive a call to confirm course and finalize payment)

Mail In: Complete form and submit payment and send to: Kids Party Central, 327 O'Hair Ct, Suite B, Santa Rosa, 95407

PLEASE PRINT LEGIBLY

Address including zip				
Phone Number				
Email Address				
Name of Participants and Date of Birth	Class Code	Start Date	Start Time	Cost
Method of Payment				
Cash Amount				
Check Amount				
Credit Card Amount				
Credit Card Number				
Credit Card Expiry Date				
Credit Card Security Code				

Terms and Conditions

All instructors, activity dates and fees are subject to change.

Registrations may be accepted over the phone.

Full payment is required at the time of registration. Checks should be made payable to Kids Party Central; there is a \$15 charge for returned checks.

Make-Up Policy: Unless Kids Party Central cancels a class, attendance in scheduled classes is the responsibility of the Participant. We cannot provide refunds or make-up classes after the 7 weeks; we may allow a participant to attend a different class if there is space.

Refunds: No refund will be granted after the second scheduled class. The handling charge for all requested refunds is \$15. Please allow 4-6 weeks from receipt for processing your refund request.

Cancellations: Kids Party Central reserves the right to cancel classes due to low enrollment or unforeseen, uncontrollable circumstances. Every attempt will be made to reach those registered to inform them of cancellation. A refund will be issued to the registrant in the form of payment received.

THE FOLLOW RELEASE OF LIABILITY - SIGNATURE OF PARENT/GUARDIAN IS REQUIRED BEFORE OR ON THE START DATE.

I declare myself and/or my child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent participation in the program(s) and am also aware that Kids Party Central programs including stretching, aerobic exercise and movement and the use of equipment, are potentially hazardous. I understand that I should consult with a physician before engaging or allowing my child to engage in any physical activity or exercise. I hereby agree to fully accept any and all risk of injury, illness and death that may result from my and/or my child's participation in the program(s) and hereby fully release Kids Party Central from any and all liability or damages for claims I or my child may have relating to program(s).

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT CONTAINS A COMPLETE RELEASE OF LIABILITY IN FAVOR OF KIDS PARTY CENTRAL.

If I choose to pay by credit card, my signature below may also be used to authorize such payment.

Signature
Date