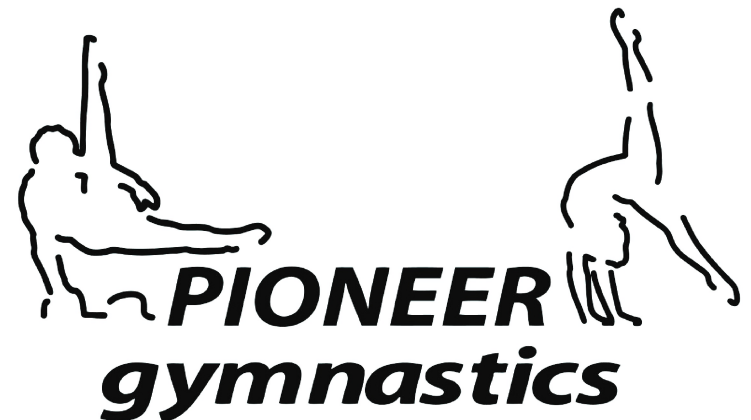




- ☺ Bounce House
- ☺ TumblTraks
- ☺ Trampoline
- ☺ Gymnastics
- ☺ Structured activities
- ☺ Open play time
- ☺ We clean up
- ☺ Fun party staff
- ☺ Competitive rates

For reservations call or e-mail us at:  
(402)483-1304  
[Birthday@pioneergym.com](mailto:Birthday@pioneergym.com)



4200 S. 27<sup>th</sup> St.  
Lincoln, NE 68502  
(402)483-1304

[Birthday@pioneergym.com](mailto:Birthday@pioneergym.com)

[www.pioneergym.com](http://www.pioneergym.com)



A Pioneer Gymnastics Birthday Party includes:

One Hour in the gym including the use of our TumbTrak, AirTrak, Trampoline, Bounce House and Gymnastics Equipment. During the hour there will be structured activities as well as free time for all the children.

Pioneer Gymnastics staff will organize and direct the activities.

Thirty Minutes of party time in our party area where we will have tables and chairs ready for you to decorate for your group. We also will have an extra table for your party supplies. You will have access to our refrigerator and freezer if you need to keep anything cold.

We clean up the mess and your home remains undisturbed by active children!

***Note: Due to insurance regulations there can be no adults on the equipment. Anyone entering the gyms must have a waiver filled out and signed. All minors must have waivers signed by a parent or guardian.***



## RATES:

1 Hour 30 Minute Party

Based on 12 children

*(Includes the birthday child / children.)*

**\$125.00**

(as of Jan. 1<sup>st</sup>, 2020)

+ \$5.00 *per additional child*

DEPOSIT (non-refundable)

**\$25.00**

Due at booking

Note: Parties are not guaranteed until reservation form and deposit are received.

# Pioneer Gymnastics Academy

## Birthday Party Reservation Form

### Birthday Child Information

Child's Name: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_ Age (turning): \_\_\_\_\_

Number Invited: \_\_\_\_\_ (Max. 30)  
*(RSVP final number one week before party)*

### Parents Information

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

Cell Phone: \_\_\_\_\_

Home/Cell Phone 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Party Date: \_\_\_\_\_ Time: \_\_\_\_\_

***NOTE: Party is not guaranteed until reservation form and deposit are received.***

**Pioneer Gymnastics Academy**  
4200 S. 27<sup>th</sup> St.  
Lincoln, NE 68502

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**DISCLAIMER AND WAIVER 2019/20**

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Risk can be reduced but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. I, the undersigned parent / guardian, acknowledge on behalf of my child and myself, these risks and agree to hold harmless Pioneer Gymnastics Academy, its owners, employee's and volunteers of any and all liability that may arise from participation in Pioneer Gymnastics activities including but not limited to classes, open gyms, parties, open houses.

Participants Name: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent / Guardian Name (printed) : \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Parent / Guardian Name (printed) : \_\_\_\_\_

Parents Signature: \_\_\_\_\_

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

Note: Waivers must be completed by a parent or legal guardian.