



Town of Plymouth - Recreation Department

Manomet Youth Center Birthday Parties

- Gymnasium Activity Parties, Sports Parties, and Game Room Parties.
- 1 ½ Hours of Birthday Fun (45 minutes of activity and 45 minutes of cake/presents)
- \$135 includes up to 15 children. (There is an additional charge of \$5.00 per child over 15 with a maximum of 20 children.)
- Parties for children ages 3 – 15.
- Party Director will set up and break down party and lead any activities.

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.

The Manomet Youth Center is located at 659 State Road:
On the corner of Bartlett Road and State Road (Route 3A).

Contact: Anne Slusser at 508-747-1620 Ext. 203 or
aslusser@townhall.plymouth.ma.us

Town of Plymouth: Recreation Department
11 Lincoln Street
Plymouth, MA 02360
Lower Level

**Town of Plymouth
Recreation Department
11 Lincoln Street
Plymouth, MA 02360
(508) 747-1620 Ext 137
www.plymouthrec.com**

<u>For Office Use</u>
Cash \$ _____
Check # _____
Amount \$ _____
Date _____

- Make check payable & return to: **Plymouth Recreation Department.**
- We now accept Cash, Checks or Credit Cards.
- 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.**
- There is a \$10 processing fee for all refunds requested.

PROGRAM NAME	DATE	TIME	# OF CHILDREN (UP TO 15)	BASE COST	# OVER 15 (ADD'L MAX 5)	EXTRA COST @ \$5.00 EACH	TOTAL DUE
BIRTHDAY PARTY				\$135.00			

TYPE OF PARTY: _____
GYM ACTIVITY, SPORT (PLEASE INDICATE WHICH ONE IE: BASKETBALL, SOCCER, ETC.), GAME ROOM

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

SEX: M / F D/O/B: ____/____/____ AGE: ____ MEDICAL INFO: _____
(ALLERGIES, MEDICATIONS, LIMITATIONS)

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. **I have read and understand the Birthday Party Rules attached.**

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

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

SEX: M / F D/O/B: ___/___/___ AGE: ___ MEDICAL INFO: _____
(ALLERGIES/MEDICATIONS/LIMITATIONS)

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.

Manomet Youth Center Birthday Party Rules

- 1. You may access the Youth Center ½ hour before the start of your party to set up and decorate. Your party is 1 ½ 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.**