



BIRTHDAY PARTIES

Parent Full Name: _____

Child Full Name: _____ Date of Birth: _____ Male / Female _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Circle up to three activities for the party.

- Dodgeball
- Kickball
- Obstacle Course
- Wiffleball
- NEW!! Moon Bounce (\$25 additional)**
- Capture the Flag
- Soccer
- Flag Football
- Tuf of War

Other: _____ Circle One: Pizzas Hot Dogs

Date/Time of party: _____ # of total attendees (not including parents): _____

Do you have any special needs or requests?: _____

\$249 Package Includes (up to 15 guests):

- 1 hour and 25 minutes of chaperoned games and activities / 35 minutes for food and beverages
- 3 large pizzas or hot dogs (no combinations) (Additional pizzas: \$12 each)
- Popcorn
- Unlimited beverages (lemonade, iced tea & water)
- Generic paper products and utensils

(Note: There is a \$10 fee for each additional participating child beyond 15; one more pizza will be included at no additional charge for every 3 children beyond 15)

\$50 nonrefundable deposit due with this form to reserve facility. (Cash, Check, or Credit Card)

All guests must fill out the ESA Insurance Waiver (can be found online)

Mail forms to: Elite Sports Academy, 4651 Colebrook Ave., Emmaus, PA 18049



Insurance Disclaimer for Individuals

DISCLAIMER: ELITE SPORTS ACADEMY, LLC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN ELITE SPORTS ACADEMY FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE ELITE SPORTS ACADEMY OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS, THE OWNERS AND LESSORS OF THE PREMISES AND ALL OTHERS WHO ARE INVOLVED.

In consideration of my being allowed to participate in any way in the Elite Sports Academy, related events and activities I hereby release and covenant not-to-sue Elite Sports Academy, and any of their employees, instructors or agents, from any and all present and future claims resulting from ordinary negligence on the part of the Elite Sports Academy, LLC or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction at the Elite Sports Academy, programs and activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that baseball is a vigorous team sport at times involving severe cardiovascular stress and violent physical contact. I understand that baseball involves certain risk, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that baseball involves a particularly high risk of ankle, knee, head, and neck injury. In addition, I understand that participation at Elite Sports Academy involves activities incidental thereto, including but not limited to, travel to and from the site activity, participation at sites that may be remote from available medical assistance, and possible reckless conduct of other participants. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I further agree to indemnify and hold harmless the Elite Sports Academy, LLC and others listed for any and all claims arising as a result of my engaging in or receiving instruction in the Elite Sports Academy activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I have private insurance coverage for the participant and will list the carrier and policy number below. In absence of this information, I assume all liability for such expenses. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Pennsylvania and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in the state of Pennsylvania.

Release Waiver

The following signature guarantees Elite Sports Academy, LLC. that, I have read and fully understand the Insurance Disclaimer and agree to the terms and conditions stated.

Name of Individual: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Parents Email: _____

Parent or Guardian's Signature: _____ Date: _____

Health Insurance Carrier: _____ Policy Number: _____