

Columbus Gymnastics Academy's

FALL Sleepover!

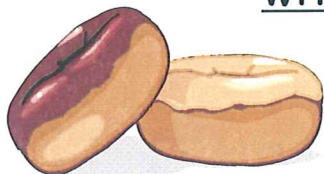
WHO: Enrolled students (and a friend if they want)

WHEN: Saturday, November 13th, 2010. 8:00pm - 8:00am

WHERE: At the Gym!

COST: \$25.00 per person (1st grade and up!)

Family Discount - \$45 for 2 kids (same family)



GYMNASTICS!

GAMES!

PIZZA!

MOVIES!

DONUTS!

FUN!

**Space is limited, so reserve your spot today!

**Supervision provided by CGA instructors.

**Things to bring: Workout attire, sleeping bag, sleeping attire, toiletries.

Children are to be picked up PROMPTLY at 8:00am!!

Fill in this form and return it to the gym

STUDENT'S NAME: _____ PHONE: _____

FRIEND'S NAME: _____ PHONE: _____

Has my permission to attend the sleepover at CGA on November 13th, 2010.

The \$25.00 fee (per person) is attached.

Please list any medical conditions that we should be aware of.

Waiver on opposite side must be signed to attend

FEE IS NON-REFUNDABLE



Acknowledgement of Risk and Waiver of Liability - Read Before Signing

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Columbus Gymnastics Academy Inc.'s programs.

By the very nature of the activity, gymnastics, cheerleading, and martial arts all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced yes, but never eliminated.

I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc., the Columbus Gymnastics Academy, Inc., Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child's engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for, or under the direction of Columbus Gymnastics Academy, Inc.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date