

Valentine's

KIDS NIGHT IN PARENTS NIGHT OUT

Ages 4+ and Potty Trained



Saturday, February 15th 5:00 pm - 9:00 pm



Get ready for a Valentine Date Night!

Check your kids in for some gymnastics fun while you enjoy 4 hours out with your loved one.

Our safety certified coaches will guide your child through gymnastics fun, working on gymnastics skills, obstacle course, bungees, games, craft, dinner, and a movie.

Participants may bring a blanket and pillow, and pj's to change into for movie time.

Dinner: Cheese Pizza

Movie: Shrek

**Children with special dietary needs will need to bring dinner.*



2020 Valentine PNO



Client ID#: _____

February 15th 5:00 pm - 9:00 pmPriority Registration Ends - **Monday, January 25th**

| Member | | Non-Member | |
|--|----------------|-------------------|----------------|
| \$30 / Individual | \$50 / *Family | \$40 / Individual | \$60 / *Family |
| Registration after January 25th <i>Subject to availability</i> | | | |
| Member | | Non-Member | |
| \$45 / Individual | \$65 / *Family | \$55 / Individual | \$75 / *Family |

* Family is up to 3 siblings. \$7.00 each additional sibling.

| Participants | | |
|--|-------------------------------|-------------------------------|
| Name: | Name: | Name: |
| DOB: | DOB: | DOB: |
| Allergies/medical Conditions: | Allergies/medical Conditions: | Allergies/medical Conditions: |
| Special requests (We will make every effort to accommodate your request, but can not make guarantees): | | |
| Address | City | State Zip: |
| Doctor: | Phone: | |
| Parent Contact / Emergency Contact | | |
| Mother/Guardian: | Father/Guardian: | |
| Address City/State/Zip: | Address City/State/Zip: | |
| Home/Cell #: | Home/Cell #: | |
| Email: | Email: | |
| Additional Person(s) authorized to Pick-up (ID required at pick-up) | | |
| Name: | Name: | Name: |

Parental Consent and Release

I understand there are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury. Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling the head or neck. Landing can involve risks from minor to catastrophic or life threatening injuries. No amount of instruction, spotting or mats can guarantee safety. Participant/participant's parent(s) represent that they understand the nature of this activity and that participant is qualified, in good health, and proper physical condition to participate in such activity. Participant has no medical or physical conditions which would prevent participant from fully participating in all normal and customary activity in the sport, and agrees to immediately notify Athletic Achievement, Inc. dba Oceanside Gymnastics in writing if such medical or physical limitations occur. I acknowledge that if I believe the conditions are unsafe I will immediately discontinue my child's/myself from participation in the activity. Participant/participant's parent understands that they engage in all the activity with full knowledge of the possible risk. Participant/participant parent, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of participant, themselves, and any minor sibling, their heirs, successors or assigns, any and all claims in tort or for civil liability against Athletic Achievement, Inc. dba Oceanside Gymnastics arising from the foreseeable and/or customary risks of the sport or intended activity. In the event of an emergency and I can not be reached, I hereby authorize Athletic Achievement, Inc. dba Oceanside Gymnastics as agent(s) for the undersigned to consent, in advance of any specific diagnosis, any treatment by any accredited hospital and/or physician deemed necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect, unless sooner revoked in writing delivered to said agent(s) until December 31, 2021. I understand that I am responsible for any medical expenses that may be incurred through my child's/ my participation in activities at Athletic Achievement, Inc. dba Oceanside Gymnastics. I have read all the above warning and releases and agree to allow my child/myself to participate at Athletic Achievement, Inc. dba Oceanside Gymnastics. I give permission for my child's/my photograph to be taken and used at the discretion of Athletic Achievement, Inc. dba Oceanside Gymnastics, for publicity or professional purposes.

There are NO credits or refunds and registration is non-transferable for missed Parent's Night Out.

Parent / Legal Guardian Signature: _____ Date: _____