

HALLOWEEN SLEEPOVER!!

Saturday, October 29, 2016



Ages 5 & up

BRING A FRIEND! Open to Non-Members!!

Pre-Registration

October 3rd-27th

SLEEPOVER:

\$55 One Child

\$50 Additional Siblings

PART-TIME:

\$40 One Child

\$35 Additional siblings

PART-TIME:

8PM-11PM

OR

SLEEPOVER:

8PM-8AM

CHECK IN TIME:

7:30-8:00pm

Registration

October 28th-29th

SLEEPOVER:

\$60 One Child

\$55 Additional siblings

PART-TIME:

\$45 One Child

\$40 Additional siblings

COSTUME CONTEST,

HALLOWEEN GAMES, PRIZES!

GYMNASTICS OBSTACLE COURSES!

FOAM PIT & ZIP LINE!

AND MORE...



Charter Oak Gymnastics

841 N. Dodsworth Ave. Covina, CA 91724

(626) 966-8775

Here is a helpful check list for you to be prepared for that night.

- 
-  **Sleeping Bag**
 -  **Pillow**
 -  **Pajamas**
 -  **Change of Clothes**
 -  **Toiletries**
 -  **Bring a Pumpkin to decorate**

Charter Oak Gymnastics'

HALLOWEEN

SLEEPOVER 2016



1. NAME OF CHILD _____ D.O.B _____

STAYING: ___ PART-TIME ___ FULL TIME

2. NAME OF CHILD _____ D.O.B _____

STAYING: ___ PART-TIME ___ FULL TIME

3. NAME OF CHILD _____ D.O.B _____

STAYING: ___ PART-TIME ___ FULL TIME

Ages: 5-17yrs

**** CHILD MUST BE POTTY- TRAINED****

MOM'S NAME: _____ MOM'S CELL: _____

DAD'S NAME: _____ DAD'S CELL: _____

IF YOU ARE NOT PICKING UP/DROPPING OFF YOUR CHILD(REN) PLEASE LIST
THE NAMES OF ADULT(S)— MUST BE 18 YRS.— WHO WILL BE DOING SO.

NAME _____ PHONE _____

NAME _____ PHONE _____

IS YOUR CHILD ALLERGIC TO ANYTHING? _____

ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW? _____

OFFICE USE ONLY

PAID: CHECK# _____ CARD ___ CASH ___ AMNT. PAID\$ _____



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

For Charter Oak Gymnastics



In consideration of participating in the Halloween Sleepover at Charter Oak Gymnastics Inc. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity whether indoors or outdoors. I hereby release, discharge, and covenant not to sue Charter Oak Gymnastics Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost, which any may Incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____

Printed name/names of participant (child/children)

Signature of participant Parent/or Legal Guardian

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ Date: _____

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian