

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OR ALLERGIES? _____ YES _____ NO

IF YES, PLEASE DESCRIBE: _____

DOES YOUR CHILD NEED ANY MEDICATION? _____ YES _____ NO

IF YES, PLEASE DESCRIBE: _____

Liability Waiver and Indemnity Agreement. As conditions of the participation of the student described above ("my child") in any of the programs conducted by WCGC including but not limited to tumbling, gymnastics, cheerleading, dance, fitness classes, karate, rock climbing, and zip line, whether conducted on or off the premises of WCGC, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against WCGC, its officers, directors, shareholders, employees, agents and insurers (collectively, "WCGC"), and any owners or lessors of the premises and any equipment used in connection with any programs of WCGC, arising out of our child's participation in any of the programs of WCGC whether on or off WCGC premises, or travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with WCGC.
4. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member, we further agree to indemnify WCGC for its liability including all costs, fees, and expenses incurred by WCGC in connection with such liability.
5. We reserve the right to use your or your child's image or likeness in any WCGC promotional material.

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Agreement to Pay: I agree to pay the full semester's tuition. I understand that there are no credits or refunds for missed or cancelled classes.

Acceptance of Rules and Policies: I have read and understand WCGC rules and policies and agree to abide by them through the course of my, and my family's involvement with the program.

Signature _____ Date _____

Receipt # _____ Amount Paid \$ _____

Checks payable to: WCGC
(Pricing chart inside)

TURKEY TUMBLE DROP AND SHOP

**Overnight, Morning, Afternoon, or
All day sessions!**

November 24 & 25, 2011

ages: Potty trained to 12 yrs.

What are you doing the day after Thanksgiving?... SHOPPING? On the best shopping day of the year, drop off the kids at WCGC's Drop and Shop. This is a fun-filled night and day of games, arts & crafts, a pizza party, movie and lots of supervised open workout!



PIZZA PARTY!
included at 12 noon
Nov 25th



WCGCgymnastics.com
213 E Commerce Ct, Elkhorn, WI 53121
262-743-1224

TURKEY TUMBLE DROP & SHOP

Thursday, Nov 24 to
Friday, Nov 25, 2011

Overnight, Morning, Afternoon, or All day!

***Choose the session that works best for you and
your family!***

Session Options	Members Cost per Child	Members Additional Siblings	Non- Members Cost per Child	Everyone after Nov 22nd
#1 Overnight: Nov 24th @ 8pm – Nov 25th @ 10am	\$30.00	\$25.00	\$33.00	\$35.00
#2 All Night/Day: Nov 24th @ 8pm– Nov 25th @ 4pm	\$45.00	\$40.00	\$48.00	\$50.00
#3 Overnight/Morning: Nov 24th @ 8pm– Nov 25th @ 1pm	\$40.00	\$35.00	\$43.00	\$45.00
#4 All Day: Nov 25th @ 9am-4pm	\$29.00	\$26.00	\$34.00	\$36.00
#5 Morning: 9am-1pm Nov 25th	\$21.00	\$19.00	\$26.00	\$28.00
#6 Afternoon: 12-4pm Nov 25th				

WALWORTH COUNTY GYMNASTICS CENTER

WALWORTH COUNTY GYMNASTICS CENTER TURKEY TUMBLE DROP & SHOP Thurs, Nov 24th /Friday, Nov 25th

Complete registration form & return to front desk

CHILD'S NAME _____

BIRTHDAY _____ AGE _____

OPTION # _____ (circle one) Member / Non-member

PIZZA: Cheese Sausage Pepperoni (circle one)

SIBLING'S NAME _____

BIRTHDAY _____ AGE _____

OPTION # _____ (circle one) Member / Non-member

PIZZA: Cheese Sausage Pepperoni (circle one)

PARENT/GUARDIAN NAME(S):

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____

CELL/PAGER _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT (if parent can't be reached):

NAME _____

RELATION TO CHILD _____

PHONE _____

OVER PLEASE