

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 _____

\$30.00 per child member, \$25.00 for sibling member,
\$33.00 for any non-member. **\$35.00 after noon on day of**

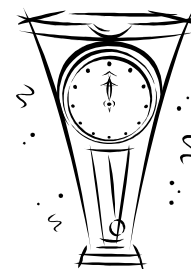
Receipt # _____ Amount Paid \$ _____

Checks payable to: WCGC

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

*Looking for a night off from the kids?
No need for a babysitter, it's...*

New Year's Sleepover



Saturday, December 31st

6:30pm to

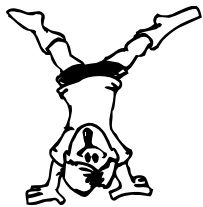
Sunday, January 1st

9:00am

is a night of fun filled activities for kids
potty trained up to age 12*.

WCGCgymnastics.com

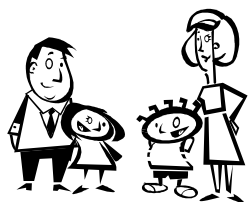
213 E Commerce Ct,
Elkhorn, WI 53121
262-743-1224



New Year's Sleepover is a night of structured activities for your child. Activities include: relay races, obstacle courses, games, dances, movies, crafts, and much more! There will be quiet time if

children want to sleep or bring homework. Children may bring other things to do but WCGC and it's staff are not responsible for lost or stolen items.

WCGC's New Year's Sleepover will include Pizza, Snacks, Juice and Breakfast.



Children may be checked in or out at any time during the night, but they must leave with their parent or guardian unless written permission is received for the child to leave with another adult.

Please complete and return the registration form attached. You need to specify the type of pizza your child would like to eat. Cost of the New Year's Sleepover is \$30.00 per child member, \$25.00 for sibling member, \$33.00 per non-member. Each child should bring pillow, sleeping bag, and personal hygiene items. Please label all items. Minimum of 10 kids to run event.

**\$35.00 per child if you register
anytime after 12:00 noon on
December 28th, 2011**

WALWORTH COUNTY GYMNASTICS CENTER NEW YEAR'S SLEEPOVER

Saturday, December 31, 2011

Sunday, January 1, 2012

(please fill out front and back sides of form)

CHILD'S NAME _____

BIRTHDAY _____ AGE _____

_____ Member ___ Non-Member

PIZZA: ___ Cheese ___ Sausage ___ Pepperoni

SIBLING'S NAME _____

BIRTHDAY _____ AGE _____

_____ Member ___ Non-Member

PIZZA: ___ Cheese ___ Sausage ___ Pepperoni

PARENT/GUARDIAN NAME(S): _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____

CELL/PAGER _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT:

NAME _____

RELATION TO CHILD _____

PHONE _____

OVER PLEASE