

Friday Night Date Night

**You go out!
Let us take care
of the kids!**

Hosted by Little Stars Gymnastics



**Enjoy a night out and leave your kids with us for some
gymnastics fun, pizza and a movie • Only \$30/child
and \$25/Sibling or each after**

6-9pm • 5-10 years old (must be potty trained)
state checked BCI and FBI fingerprinted • Call Sophia (216) 410-7637

Friday Night Date Night:

6876 Pearl Road • Middleburg Hts

----- Return Bottom Portion Only • Complete Waiver on Reverse Side -----

Registration Form • Please Print

Event Date: _____

Parent/Guardian Name: _____

First Name of Each Child Attending (include last name if different)

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Parent or Guardian Cell Phone Number: _____

Parent or Guardian Email Address: _____

Emergency Contact (person other than parent): _____

Emergency Contact Cell Phone Number: _____

List ALL Allergies: _____

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As a legal guardian of _____, I hereby consent to the aforementioned person participating in FRIDAY NIGHT DATE NIGHT hosted by Little Stars Gymnastics. I am fully aware of and have a complete understanding that potentially severe or catastrophic injuries, including permanent paralysis or death may be associated with any activity involving height or motion including gymnastics and related activities including tumbling and/or trampoline. I hereby release Friday Night Date Night, Little Stars Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child under the instruction, supervision, or control of Little Stars Gymnastics during Friday Night Date Night or while at any of its facilities. As a legal guardian of the aforementioned person I hereby agree to individually provide for the possible future medical expenses which may be incurred by the aforementioned child as a result of any injury sustained during Friday Night Date Night hosted by Little Stars Gymnastics. The acknowledgement of risk and waiver of liability, having been thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Guardian _____ Date _____

Class/Event: _____ Date of Class/Event _____

Photography Authorization & Release: Photos will be taken periodically during Friday Night Date Night. The photos will be used on our website and for various marketing and promotional print pieces for the purpose of promoting the this event and Little Stars Gymnastics classes. The photos will never be given to or sold to any other media for any other use. By signing below you are giving Little Stars Gymnastics permission to photograph your child during event/class times and reproduce those images for the previously stated purposes.

___ Yes - It is okay to photograph my child - Parent Signature: _____

___ No -Do Not Photograph My Child