



New Year's Eve Overnight at Wildcard Gymnastics

Watch the New Year Flip from 2014 to 2015!



Join Wildcard Gymnastics for our 8th Semi- Annual New Year's Eve Overnight. There will be open gym, games, movies, pizza, snacks and fun! Everyone is welcome!

Date: 12/31/14

Time: 7:00 p.m.—7:00 a.m.

- there will be an additional charge for late pick-up!
- \$10 extra for each half-hour late



Wildcard Gymnastics
3545 N 127th St.
Brookfield, WI 53005

COST: \$50 Pre-registered or \$60 at the door.
\$40 for each additional child registered
\$10 Team gymnast discount

For more information or to
register call 262-923-7418.
Mail in the provided
registration form by
12/20/14

New Year's Eve Registration Form—Wildcard Gymnastics

Name _____	Age _____	Phone _____
Address _____	Zip _____	Emergency Contact _____
Other children _____	Age _____	
_____	Age _____	Total Paid _____

Waiver and Agreements

By signing below, I acknowledge reading, understanding, and accepting the statements herein. **Agreement to participate and liability waiver**— I understand that gymnastics activities involve risk and possible injury. I understand that it is my responsibility as a parent/guardian or adult participant to not partake in any activity if there is any physical, emotional, behavioral, and/or other problems that might compromise my safety. I understand that injuries can and do happen and that health insurance is a requirement. I agree to hold Wildcard Gymnastics harmless for any injury or accident that may result. Therefore, I release Wildcard Gymnastics, and staff, the facility, the equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses and/or other damages incurred by my child, myself, or other family members while participating, visiting the facilities, parking area, or traveling to a related event. **Authorization of medical care** - In case of injury or illness during participation, I authorize and desire medical care for my child or myself at the discretion of the attending physician. I accept responsibility for all associated expenses. **Transportation of a participant** - I authorize activity related transportation of my child. **Parent supervisory responsibility** - When I visit Wildcard Gymnastics, I understand and accept the responsibility and any associated liability, of constantly supervising, controlling and restricting activities as necessary to assure safety of the children whom I bring and myself. These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or my family member participates in any activity at or with Wildcard Gymnastics.

Parent/Guardian Signature _____ **Date** _____