

Twisters Gymnastics

New Year's Eve Sleepover Registration

Participant Name (first) _____ (last) _____ Date of birth _____ Age ____ M ____ F ____

Mailing Address _____ City _____ Zip _____

Parent/Guardian Name (first) _____ (last) _____

Parent/Guardian's Phone _____

E-mail Address _____

Emergency Contact Name (first) _____ (last) _____

Emergency Contact's Phone _____

Alternate Phone _____

Where will parent be on New Year's Eve? _____ Contact phone _____

Others who may pick up child _____

Does your child have any special needs, health issues, or food or medical allergies that we should be aware of?

*Please be aware, your child will be sent home if they are upset and/or scared to stay overnight. It is your responsibility to come get them at the gym if we have to send them home.

*Proper clothing must be worn. Boys: fitted t-shirt or tank, shorts or sweat pants. Girls: leotard or shorts, sweats & t-shirt. No jeans. No skirts. No jewelry. Long hair must be pulled back away from face.

*Children are **REQUIRED** to have a water bottle.

*If your child is displaying physical symptoms of illness (i.e. cold or flu) s/he will not be permitted to stay at the sleepover.

*Twisters has a **ZERO TOLERANCE** bullying policy. This is a safe place for all participants.

Twisters Gymnastics is a not-for-profit organization dedicated to offering recreational and competitive gymnastics opportunities to children in our area. The gym is located at 11526 Rhody Dr. in Port Hadlock, WA 98339.

Twisters Gymnastics Registration Form and Hold Harmless Agreement and Photo Release

In consideration of Twisters Gymnastics, I/we, the undersigned, realizing no insurance coverage is provided for the participants and that without this Hold Harmless Agreement the organization would not be able to provide such recreational activities, will assume financial responsibility for any cost and/or damages relating to any accident or injury that might occur while participating in the named program.

I understand that there are certain risks and hazards involved in participating in the activities listed on this registration form that may result in injury or death to my child or other participants, including, but not limited to those hazards associated with playing conditions, equipment and other participants. I understand that my child may be photographed and I give consent for the use of photos to publicize Twisters Gymnastics.

I voluntarily elect to accept and assume all risks if injury incurred by my child (a) while practicing or playing as a member of the class/team so designated, (b) while serving in a non-playing capacity as a class/team member during practice or play by other teams or by other players on the team, and (c) while on or upon the premises of any and all of the areas arranged for by the team or league for practice or play, (d) while participating in any Twisters Gymnastics' activities. Furthermore, I/we will not hold Twisters Gymnastics employees/volunteers/board members or anyone otherwise involved in the named program responsible for any accident or injury that might occur. Having read and fully understood the above agreement, I/we do hereby agree to its terms:

Signed: _____ Date: _____

*See our up-to-date class schedule at twistersgymnasticsandtumbling.com. Please email twistersgymnastics@hotmail.com or call 360-531-0748 with any questions. Twisters Gymnastics, 11526 Rhody Drive, Port Hadlock, WA 98339