

**2009 Little Stars Gymnastics
"Parents Night Out"
Registration Form**

Check age group to place your child in:

3-4 yr. old

5-7 yr. old

8-12 yr. old

Child's Name _____

Child's Age _____ Birth date _____

Parent's
Names _____

Address _____ City _____

Zip _____

Phone: Home (____) _____

Cell (____) _____

Email: _____

A maximum of 50 children will be accepted! All others will be placed on a waiting list!

List any medical conditions, known allergies or special needs or concerns your child has _____

Waiver and Release

In consideration of being allowed to participate in the above named activity, I agree to hereby release, discharge and/or otherwise indemnify the City of Middleburg Hts., The Middleburg Hts. Recreation Dept., its affiliated organizations, sponsors, employees and volunteers against any claim by or on behalf of myself (or the registrant if under 18) that may occur as a result of the activity. I understand and accept the inherent risks of such an activity and acknowledge that I am (or the registrant if under 18) physically able to perform this activity. I understand that no supplemental medical insurance is available. I also promise to have my family uphold the highest standards of sportsmanship at practices and games. I have read and agree to all the above terms:

Signature of Parent / Guardian

Date

Program registration can NOT be transferred...Full refunds will be given if applied for ONLY within 2 weeks prior to program start date. The camp may be cancelled if not enough registrants sign up...the Recreation Department reserves the right to move class if necessary.

Make checks payable to Little Stars Gymnastics and mail to:

Little Stars Gymnastics

P.O. Box 84

Hiram, Ohio 44234

Call 216-410-7637, or email allstargym@att.net for more information