

**WORLD CUP KIDS NIGHT OUT
REGISTRATION and WAIVER
914-238-4967 / 914-238-9267**

**Fee: \$30.00 per session (\$35 if not pre-registered)
(10% sibling discount)**

NO REFUNDS

Child 1 Name: _____ **Child's DOB:** _____

Child 2 Name: _____ **Child's DOB:** _____

Child 3 Name: _____ **Child's DOB:** _____

Address: _____

Mom's Name: _____ **Dad's Name:** _____ **Home Phone:** _____

Mom's Cell # _____ **Dad's Cell #** _____ **Family Email:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

Contact's Relation to Child: _____

Does your child have any **ALLERGIES or **ILLNESS** that World Cup should be aware of?** _____

Does your child have any special evening requirements that would assist us in their caring? _____

World Cup Enterprises and its staff recognize our obligation to make our clients aware of the risks and hazards associated with the sport of gymnastics, the use of the Rompereee and Gymnastics area and facilities. World Cup Enterprises and its staff will not accept responsibility for injuries sustained by any child, parent and/or caregiver during the course of any activities and/or while arriving or departing or waiting anywhere on World Cup Enterprises premises. Parents and/or caregivers should be aware of, and educate their children about the possibility of injury. Parents and/or caregivers should also encourage their children to follow all safety guidelines and World Cup staff instructions. Students, parents and/or caregivers may suffer injuries, possibly minor, serious or catastrophic in nature.

Therefore, being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the program offered by World Cup Enterprises. I waive and release all rights and claims for damages that I or my child may have against World Cup Enterprises and/or its representatives myself, and with the knowledge that World Cup staff members are not physicians or medical practitioners of any kind, I consent to the administration of temporary first aid to my child by World Cup staff if they deem it necessary, contacting a doctor and/or seeking medical help, transportation by a World Cup staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, calling 911 and/or an ambulance, etc. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's and/or my own protection. I also understand that it is my responsibility to continually remind my child about the dangers of the sport of gymnastics, use of the Rompereee and Gymnastics area and facilities.

World Cup staff members will continually remind the children, parents and/or guardians of safety guidelines during our programs, as well as post signs throughout the premises.

Amount Received: \$ _____ **Cash/Check #:** _____ **Date:** _____

Credit Card: Visa, MC, Amex. Acct. # _____ **Exp:** _____

Signature: _____ **Date:** _____

Your signature on this form constitutes your acceptance of the above terms and conditions with no exceptions.

World Cup Gymnastics / 170 Hunts Lane / Chappaqua, NY 10514