



First & Third Saturday Kid's Night Out

6:30pm-10:30pm

*pizza can be purchased at the front desk the evening of the event.

- Open gym play!
- Moon bounce!
- Movies!
- No Parents!
- Pizza!*

Limited spaces available

\$39 per child early registration
\$45 per child registration after Thursday

SPECIAL OFFER: \$30 per visit if you buy 4 KNOs for \$120
(can't be transferred to another child)

Avoid the paperwork, Sign up Online!

IMPORTANT: THIS PROGRAM IS FOR CHILDREN BETWEEN THE AGES OF 3-1/2 AND 12. PARTICIPANTS MUST BE POTTY TRAINED

Student's Name Age DOB Sex Immunization Exempt (Y/N) Name of School

Student's Name Age DOB Sex Immunization Exempt (Y/N) Name of School

Student's Name Age DOB Sex Immunization Exempt (Y/N) Name of School

Home Address Home Phone

City State Zip

Primary Contact Name Email Cell # Work #

Secondary Contact Name Email Cell # Work #

Family Physician Physician Phone Emergency Contact Name Phone

Insurance Provider Group #

Does your child have any developmental or behavioral limitations, allergies, injuries or diagnosed illnesses?

How did you find out about SSG? (Bethesda Magazine, Families Magazine, Washington Parent, Your Health, other)

Parent's Signature & Liability Waiver must be signed before your child participates in any gym activities

Release agreement: I understand that any athletic activity is inherently dangerous. The above named student has had a medical examination within the last twelve months and is capable of participating in gymnastics. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize *Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc.* to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at *Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc.*

BY SIGNING THIS RELEASE, I UNDERSTAND THE POLICIES AND LIABILITIES THAT MAY OCCUR IN SPORTS ACTIVITIES. I UNDERSTAND THERE ARE NO REFUNDS OR CREDITS GIVEN. THERE IS A \$25.00 CHARGE FOR ANY RETURNED CHECKS.

Photograph Release: I agree to allow my child's likeness to be used on the website and in promotional materials for Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc.

Date _____ Signature (parent or guardian) _____

Camp Amount \$ _____

Visa/MasterCard/AMEX Number _____ Expiration Date _____

3 digit CIN (found on back of card) _____ Name of Card Holder _____

Signature _____

I, _____ authorize Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc. to charge the amount above to my credit card. I understand there are no refunds or credits.

Return to Silver Stars Gymnastics
2701 Pittman Drive, Silver Spring MD 20910
301-589-0938 • Fax 301-589-1717
14201 Woodcliff Ct., Bowie, MD 20720
301-352-5777 • Fax 301-352-8414

For Office Use Only

Date _____ Charged by _____
Amount _____ Entered/Date _____
Ref # _____ Initials _____