



# First & Third Saturday Kid's Night Out

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

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

**\$35 per child**  
(6:30pm-10:30pm)

**\$30 per child if you pre-register  
before Friday!**

**SPECIAL OFFER: \$25 per child if you  
buy 4 KNOs for \$100  
(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.  
MARYLAND STATE LAW REQUIRES CAMPER 3-1/2 YEARS OLD TO BE POTTY TRAINED.**

Student's Name	Age	DOB	Sex (m/f)	Date of last tetanus shot	Name of School (MD/other)
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Student's Name	Age	DOB	Sex (m/f)	Date of last tetanus shot	Name of School (MD/other)
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 \$ \_\_\_\_\_ Cash OR Check# \_\_\_\_\_

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**  
Check # \_\_\_\_\_  
Date \_\_\_\_\_ Charged by \_\_\_\_\_  
Amount \_\_\_\_\_ Entered/Date \_\_\_\_\_  
Ref # \_\_\_\_\_ Initials \_\_\_\_\_