

Kid's Night Out



** Pre-Registration required!*

August 19, 2017
6:00 PM to 9:00PM

Options & Pricing

Full Event

Members: \$20

Non-Members: \$25

***No sibling discount**

Open Gym Only

(6:00PM – 7:00PM)

Members: \$8

Nonmembers: \$10



149 Washington St.

Plainville, MA 02762

508-695-2600

It's Another FUN Event at A.A.G.A

Come JOIN the FUN!!

With Your Favorite Coaches!

...Join THEM and your FRIENDS for an hour of Open Gym FUN during the first half of the event (6:00PM – 7:00PM), or stay for the whole thing! The Open Gym will be followed by A MOVIE & PIZZA Ages 5+ ** Pre-Registration required!*

LIGHTS * CAMERA * ACTION!

Please NOTE:

EVENTS like these are very popular and we truly encourage everyone to **pre-register early!**

Once the event is sold out no more admittance will be allowed



Kids Night Out Registration

Child's Name: _____ Birthday: _____ - _____ - _____ Age: _____

Child's Name: _____ Birthday: _____ - _____ - _____ Age: _____

Child's Name: _____ Birthday: _____ - _____ - _____ Age: _____

Mother's Name _____ Phone: (____) _____

Father's Name _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Emergency Phone: _____

Are there any Medical Conditions to which we should be alerted _____

Full Event Total: \$ _____ Open Gym *Only* Total: \$ _____

K.N.O Total: \$ _____ **Payment method:** _____ **Date:** _____

I understand there will be no refunds or credits for missed events.

Acknowledgment of Risk and Waiver of Liability

As the parents or legal guardians of _____ we hereby give permission for our child to participate in programs at All Around Gymnastic Academy, Inc. We recognize that gymnastics/dance is a sport that involves height, rotation of the body and inflatables, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against All Around Gymnastic Academy, Inc. and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of All Around Gymnastic Academy, Inc. We hereby testify to our child's sound health of mind and body and we authorize All Around Gymnastic Academy, Inc. to seek medical treatment at the nearest medical facility in case of emergency.

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Signature of Parent the Legal Guardian: _____ Date: _____