



# Valentine's Day Sleepover Registration Form

Please complete form and mail in or drop off at the gym office. Online registration available at [www.igmgymnastics.com](http://www.igmgymnastics.com)

Child #1: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F Birthdate: \_\_/\_\_/\_\_  
 Child #2: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F Birthdate: \_\_/\_\_/\_\_  
 Child #3: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F Birthdate: \_\_/\_\_/\_\_

Parent/Guardian's Names \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

How did you hear about IGM? \_\_\_\_\_

**Cancellation Policy:**  
 Sleepover charge minus a \$10 processing fee will be refunded if a written cancellation notice is received two weeks before the event. We do not refund or offer credits if the event is missed.



**Check the Sleepover option you are enrolling:**

FULL NIGHT (7:30pm – 8:00am)

Ages: 6+

Cost: \$45/child

HALF NIGHT (7:30pm – 10:30pm)

Ages: 4+

Cost: \$25/child

**NOTE:** PIZZA, SNACKS, BEVERAGES & BREAKFAST WILL BE PROVIDED.



**Sleepover Enrollment Fees:**

\_\_\_\_\_ x \$45 = \_\_\_\_\_

\_\_\_\_\_ x \$25 = \_\_\_\_\_

\_\_\_\_\_ - \$5 Early Bird

TOTAL= \$ \_\_\_\_\_

<b>Office use only</b>		
Date Paid: _____	Amount: \$ _____	
Initials _____		
SD _____	CC _____	DM _____

**Payment Type:** Cash    Check # \_\_\_\_\_    Credit Card\*

Name on Card \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_    3 Digits on Back: \_\_\_\_\_

\*IGM accepts VISA, MasterCard, & Discover

\*Register and make full payment by Feb. 8<sup>th</sup> to receive a family early bird discount.

**Parent Permission & Release:**

I \_\_\_\_\_ (please print name), the parent/guardian of child(ren) listed above, give permission for my child(ren) to participate in the sleepover event conducted at IGM Gymnastics. I understand and accept that this activity involves risks of serious injury, disability, or death. I have instructed my child to follow instructions. I fully release, waive, and discharge IGM Gymnastics, their instructors, directors and all others acting on their behalf from all claims or liability with regard to any personal injury that may be incurred by my child/children during this class/camp/event. I verify that my child is in good physical health and there are no limitations or medical conditions which would limit her/his participation in IGM's class/camp/event. In the event of an injury or accident, I authorize IGM Gymnastics and/or appropriate medical authorities to take necessary emergency measures for the care and protection of my child while under the supervision of IGM Gymnastics. In case of medical emergency, I understand that my child may be transported to an appropriate medical facility by a local emergency unit for treatment. The child will be treated and transported at the expense of myself or my health insurance. I understand that in some medical situations, the staff will need to contact the local emergency resources prior to the parent, physician, or other adult acting on the child's behalf.

Media Release: I hereby authorize IGM Gymnastics to use photos/videos taken of my child/children for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_