

Emerald City Lock-In

Friday, August 18th 9:30pm thru 7:15am Saturday Morning

At Emerald City Gym

An indoor play area with in-ground trampolines, rope swings, a foam-filled pit, rock-climbing wall, maze, tunnels, and slides.



9063 Bond St, Lenexa, KS 66214 913-438-4444



Lock-in schedule:

- 9:00-9:20pm: Meet **AT EMERALD CITY** and turn in any remaining paperwork
- 9:30pm Play and rock wall climbing begins when everyone's paperwork is complete
- 11:00pm – 11:30am: Rest and group time
- 11:30am- 12:30 am: Resume play
- 12:30am – 2:30am: Organized games
- 2:30am – 6:30am: “Down time” – movies on “the big screen” and sleep
- 7:00am – 7:15am: Clean up and head for home

Turn In:

- This registration form
- \$22 if registered by August 13th or \$25 any time after that – even at the door.
- Emerald City Gymnastics release form
- Notarized Behavior/Permission/Med. form

Bring:

- Comfortable clothing - **No jeans, large belt buckles, jewelry**
- Extra clothes to sleep in
- Sleeping bag/pillow
- **Guys** bring a 2-Liter drink (no energy drinks please) / **Girls** bring chips or cookies
- Your friends and your energy!

(cut on dotted line and keep top for reference)

Emerald City Lock-In

GCPC youth AND GUESTS must have a notarized **Permission/Behavior/Med. Form** and the **Emerald City Release Form** – both available on the Youth Wall and GCPC website.

Name: _____

Grade: _____

I am the guest of: _____

Fees enclosed: Early registration by August 13th: _____ \$22 (please circle one)

Standard registration after August 13th: \$25

Signature of Parent or Guardian: _____ Date: _____

Home phone: _____ Parent/Guardian Cell Phone: _____

Adults - we need you! Are you interested in being a chaperone for the lock-in? Y N

Comments or special concerns:

PARTICIPATION IN ALL PROGRAMS AT EMERALD CITY GYMNASTICS

Child Information

Date: _____

Child's Name: _____ Age: _____ Birthdate: _____

Parent or Legal Guardian's Name _____ Phone Number: _____

Address: _____

Emergency Contact & Phone: _____ / _____

Physician's Name & Phone: _____ / _____

Any intolerance to drugs or medication? _____ Any medication that is taken regularly? _____

Please list any current or previous health problems/conditions that may affect the child's physical activity:

Waiver & Release

- I/We understand that participation in any instructional and/or recreational activities at Emerald City Gymnastics, Inc. (hereinafter referred to as "ECG"), including but not limited to: gymnastics, dance, ballet, cheerleading, trampolining, tumbling, Bump City, Monster Mountain (rockclimbing), Ropes Course and any other related programs at ECG (the "Programs") is voluntary, and that all Programs and the use of the related facilities and equipment therein carries some physical risk.
- I/We understand that if I/we or my/our minor child is injured or our property is damaged while participating in the Programs, that the injury or loss will not be covered or reimbursable by ECG.
- I/We agree to assume the risk of any and all illness or injury (minor, serious or catastrophic in nature, including claims and suits at law or in equity for any injury, fatal or otherwise) or damage (to person or property) resulting from my/our minor child's participation in all Programs, including the use of the facilities and/or equipment associated with the Program ("Damages").
- I/We hereby waive all claims, on behalf of myself/ourselves and claims by my/our minor child (including claims which may be brought after attaining majority), now or in the future, for any such Damages and do hereby release and discharge ECG and its respective officers, directors, instructors, agents, employees and assigns from any and all liability for any such Damages.
- I/We fully understand that ECG instructors, agents and employees ("ECG Staff") are not physicians or medical practitioners of any kind. With the above in mind, I/we hereby release and grant permission to the ECG Staff to render temporary first aid to my/our child in the event of any injury or illness, and if deemed necessary by the ECG Staff to call a doctor to seek medical help, including transportation by an ECG Staff member, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the ECG Staff deem this to be necessary.
- I/We assume full responsibility for all liability in connection with such Damages, and agree to indemnify ECG against any and all such claims and related costs, including claims by my/our minor child that may be brought after attaining majority.
- I/We certify: (i) that my/our child is in good health and that he/she has no physical limitations which would preclude him/her from the safe use of the facilities and equipment related to the Programs offered by ECG; and, (ii) that I/we have sufficient health, accident and liability insurance to cover any Damages that may result as a result of my/our child participating in the Programs, and if I/we have no such insurance, I/we certify that I/we am/are capable of personally paying for any and all such Damages.

Signature of Parent/Legal Guardian

Date