



# HAUNTED HALLOWEEN GYM SLEEPOVER

HAUNTED HOUSE  
CANDY & PIZZA  
GAMES & MOVIES  
COSTUME CONTEST



STARTS  
**OCT 26**  
8:00 PM

ENDS  
**OCT 27**  
8:00 AM

# Halloween Gym Sleepover Agreement

DURATION: October 26, 2019 8:00 pm. – October 27, 2019 8:00 a.m.



Child's Name:	Age:
Address:	City/Zip Code:
Parent's Name:	Email & Phone:

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

RATES:	
<b>GYMNASTICS SLEEPOVER:</b> (8pm-8am) \$75.00	<b>SECOND SIBLING:</b> (8pm-8am) \$50.00
<b>GYMNASTICS PARTY ONLY:</b> (8pm-MIDNIGHT) \$60.00	<b>SECOND SIBLING:</b> (8pm-MIDNIGHT) \$30.00

FOR OFFICE USE ONLY		
<b>DATE:</b>	<b>AMOUNT PAID:</b>	<b>PARYMENT TYPE:</b>

NON-REFUNDABLE PLEASE INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

## PARTY SCHEDULE

<b>7:45 pm</b>	Check In
<b>8:00 pm</b>	Costume Contest and Parade
<b>8:30 pm</b>	Gymnastics Games Piñata/Candy Give Out Halloween Haunted House
<b>10:00 pm</b>	Dinner Pizza Party
<b>10:30 pm</b>	Change into Pajamas
<b>10:40 pm</b>	Sleep G-rated Halloween Movies
<b>12:00 pm</b>	Party Only Pick Up
<b>8:00 am</b>	Sleepover Pick up

**Sleepover Pick Ups: (\$1.00 per min for late pickup. Please be on time.)**

## PARTY CHECKLIST

	Halloween Costume
	Pajamas
	Tooth Brush/ Toothpast
	Pillow
	Hairbrush/ Personal Items
	Favorite Toy/ Blanket/ etc.

NON-REFUNDABLE PLEASE INITIAL \_\_\_\_\_ DATE \_\_\_\_\_



LOS ANGELES

School of  
Gymnastics

8450 Higuera St.  
Culver City, CA 90232  
(310) 204-1980

www.lagymnastics.com

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## HEALTH INFORMATION/RELEASE FORM

PARENT AUTHORIZATION FOR CUSTODIAN'S CONSENT TO MEDICAL CARE FOR MINOR

Pursuant to California Civil Code Section 25.8

HEALTH/ACCIDENT INSURANCE COMPANY	POLICY NUMBER
ALLERGY TO ANY MEDICATION, FOOD, PLANT, ANIMAL, OR INSECT TOXIN? YES [ ] NO [ ]	IF YES, EXPLAIN:
ANY CONDITION THAT MAY REQUIRE SPECIAL CARE, MEDICATION, OR DIET? YES [ ] NO [ ]	IF YES, EXPLAIN:
MOTHER'S NAME	PHONE
FATHER'S NAME	PHONE
EMERGENCY CONTACT NAME	PHONE

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

The undersigned do hereby authorize LA School of Gymnastics or such substitute as it may designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by an to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

The undersigned hereby authorizes any hospital, which has provided treatment to the minor to surrender physical custody of the minor to the agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization will remain effective one year from the date of signature while the above minor is reroute to or from or involved or participating in any gymnastics program or activity of the LA School of gymnastics, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Parent's Name:	Signature:
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NON-REFUNDABLE PLEASE INITIAL \_\_\_\_\_ DATE \_\_\_\_\_