



Sat., Oct. 22, 2011  
Ages 4 & up 5:30pm-9:30pm

pizza, ice cream, costume contest, monster maze, tricks & treats, ghoulish games, free play, haunted tunnel, crafts, and special entertainment by REPTACULAR!

\$30/child + \$5 off 1st sibling, \$10 off 2nd



### Release Form

Dear Parents,

The sport of gymnastics involves a maximum of physical activity. California Cartwheel Center takes all possible measures to ensure your child's safety and well being. To the best of my knowledge, my child is now in good health and physically capable of participating in any event or program that is offered by California Cartwheel Center. I will not bring my child to any program or event if suffering from any respiratory, infectious or contagious illness or disease, broken bones or sprains. There are risks and dangers associated with participating in the sport of gymnastics, including but not limited to those of bodily injury, partial and or total disability and paralysis.

I hereby give consent for my child/children to participate in programs offered by California Cartwheel Center and hereby agree that I, for myself, my children, adopted or otherwise heirs and executors, waive and release all rights and claims for damages that I may have at any time against California Cartwheel Center or their agents or representatives, for any injury or damages in connection with my association, or my child's, or entry in gymnastics or other activities sponsored by California Cartwheel Center.

This release is valid for any and all programs. I understand and accept all terms and conditions set forth.

I am aware that individual and group photos and / or videos may be taken during classes, events, & camp, etc., and that my child's picture may appear in California Cartwheel Center's web site, publicity or advertising. With my initials, below, I hereby grant my permission.

Parent Initials \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Payment enclosed \$ \_\_\_\_\_ Payment Method (circle one) Cash Check # \_\_\_\_\_ Credit Card

If you are paying for child's friend, please print friend's name \_\_\_\_\_

**MAKING GYMNASTICS FUN FOR OVER 25 YEARS.**

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