



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# OVERNIGHT GYM FUN

## Gymnastics Overnights TWIN LAKES FAMILY YMCA

**FOURTH FRIDAY MONTHLY**  
6:00pm - 8:00am • children 5-13 years  
See upcoming dates below - register early as space is limited

Gymnasts & Non-Gymnasts (boys & girls 5-13 yrs.) are invited to join us for a sleepover at the Y with open gymnastics, swimming, movies, food, games and more!

- Our Overnights are held on the fourth Friday monthly at the Y and run from 6:00pm until 8:00am the next morning.
- Participants should bring a bathing suit, towel, extra clothes, pajamas, toiletries, a sleeping bag and a pillow.
- Cost is \$45 per child for Y Members and \$60 per child for Non-Members. Please leave all electronics at home.
- Questions? Please contact the Twin Lakes Family YMCA in Cedar Park (512-250-9622) for details and to register.

[ymcagwc.org](http://ymcagwc.org)

### GYMNASTICS OVERNIGHTER REGISTRATION FORM

NAME OF CHILD: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

PARENT / GUARDIAN NAME(S): \_\_\_\_\_

HOME / CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS, ALLERGIES OR LIMITATIONS: \_\_\_\_\_

DATE SELECTION:  **Sept. 26-27**  
6pm-8am  
Register by Sept. 24

**Oct. 24-25**  
6pm-8am  
Register by Oct. 22

**Nov. 28-29**  
6pm-8am  
Register by Nov. 26

**Dec. 19-20**  
6pm-8am  
Register by Dec. 17

**\*\* you must sign waiver on reverse in order to complete registration \*\***

**Y STAFF ONLY**      **14GYM**      Amt. Paid: \_\_\_\_\_      Date: \_\_\_\_\_      Staff Initials: \_\_\_\_\_

Please **INITIAL or ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

----- **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

----- **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency treatment and I cannot be reached, I hereby authorize the Y to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medical treatment, if, in fact my child require the attention of a physician.

----- **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my child's use of the facilities or participation in the Y program.

----- **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

----- **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted under the Y's no-refund policy. Details regarding the Y's no-refund policy are available at the Member Services Desk.

----- **Additional Notes (REQUIRED):** Financial assistance is available for all those who qualify. For any questions, please contact the Twin Lakes Family YMCA at (512) 250-9622.

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

Date: \_\_\_\_\_

**TWIN LAKES FAMILY YMCA**

204 E. Little Elm Trail, Cedar Park, TX 78613

**P 512 250 9622 ymcagwc.org**

Approval of distribution of this material is no way an endorsement of such services, activities and/or products by the Independent School District.