

McCracken's Gymnastics and Swim, Inc.

15515 S. Keeler ♦ Olathe, KS 66062 ♦ (913) 782-8555

www.mcgymswim.com

Parents/Kids Night Out (PNO)

Parents, now is your chance to have a night out, while your kids are having fun in a safe, and structured environment. McCracken's Gymnastics will be offering a program that allows children from the ages of **three and older** to spend the **third Friday of every month** at McCracken's Gymnastics from the hours of **6:30 P.M.-10:30 P.M.**

Children will participate in group games and fitness activities in the gym. The games will be indoors during the winter months. The children will also be involved in a creative arts activity that will allow them to show their artistic talents.

McCracken's Parents/Kids Night Out will be the **third Friday of most months** (please see months and dates below). Pre-register by Wednesday prior to the event and receive \$3.00 off regular registration fee. To pre-register fill out the form below and return to the office, with payment, **by the Wednesday** prior to the event. All other registrations and walk-ins will be accepted on a first come basis. (Provided there are openings). You may select any month or months you wish.

- Pre-registered, by the Wednesday before the event with pizza and a drink - **\$22.00**
- Walk-ins and all other registrations **after** the Wednesday before the event - **\$25.00**

For more information call us at 782-8555. You'll be glad you did!

Parents Night Out - Registration Form		Children Attending		List any medical history we may need:	
_____	_____	_____	_____	_____	
Last Name	Parents	Child 1	Age	Please Check the Box beside the Month and Date you are signing up for:	
_____	_____	_____	_____	September 2016 - May 2017 PNO Dates:	
Address	_____	Child 2	Age	September 16 <input type="checkbox"/>	January 20 <input type="checkbox"/>
_____	_____	_____	_____	October 21 <input type="checkbox"/>	February 17 <input type="checkbox"/>
City	State	Zip	_____	November 18 <input type="checkbox"/>	March Closed
_____	_____	_____	_____	December 16 <input type="checkbox"/>	April 21 <input type="checkbox"/>
Home Phone	Phone at parents evening location	Child 3	Age	_____	May 19 <input type="checkbox"/>
_____	_____	_____	_____	Office Use Only:	
I, the undersigned parent or guardian of the above-name child/children, do hereby grant authority to the staff of McCracken's Gymnastics School, Inc. to render a judgement concerning medical assistance in the event of an accident or illness during my absence. I hold McCracken's Gymnastics School Inc., its teachers, staff and school harmless for all injuries arising to and from all activities.				Amount due: _____ Received by: _____	
_____	_____	_____	_____		
Signature of Parent or guardian	Date				