
McCracken's Gymnastics and Swim, Inc.

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

www.mcgymswim.com

Parent's 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 offers this program that allows children ages **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.** (*Please see the calendar below for exact dates.*)

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 make a craft and eat a pizza dinner.

Pre-register by Wednesday prior to the event and receive \$3.00 off regular registration fee and a second child discount. The second child must be from the same immediate family.

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 sign up for more than one month at a time.

Pre-registered, by the Wednesday before the event with pizza and a drink - **\$22.00 / \$18.00 Second Child**
Walk-ins and all other registrations **after** the Wednesday before the event - **\$25.00** (No Second Child Discount)

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 2019 - May 2020 PNO Dates: September 20 <input type="checkbox"/> January 17 <input type="checkbox"/> October 18 <input type="checkbox"/> February Closed November 15 <input type="checkbox"/> March Closed December 20 <input type="checkbox"/> April 17 <input type="checkbox"/> May 15 <input type="checkbox"/>
Address _____		Child 2 _____ Age _____	
City _____ State _____ Zip _____		Child 3 _____ Age _____	
Home Phone _____ Phone at parents evening location _____			
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.			Office Use Only:
Signature of Parent or guardian _____		Date _____	Amount due: _____ Received by: _____