

# Girls Lock-In

C.G.'s Gymnastics, 14550 Florida Blvd., Baton Rouge, LA 70819  
Friday, December 17, 2010 (8:00 p.m. to 8:00 a.m.)



## What is a C.G.'s Gymnastics Lock-in?

A giant sleepover unlike anything you have been to, unless you have been here before.

## Who may attend?

Any girl between the ages of 6 - 16. You may invite friends, relatives, or neighbors. (No gymnastics experience is necessary) Also, any mother still young at heart and willing to assist. (Please alert the office you plan to attend so that we can give you information related to the event in advance.)

## Activities

1. All gymnastics events (including girl's and boy's events, trampoline, mini-tramp, foam pit, and rope)
2. Tumble-trax (a 40 foot long trampoline)
3. Pillow fights on one foot
4. The Late Night Dance
5. Contests and Prizes
6. Games
7. Parachute unlike any dream
8. Talent Show (judged & prizes awarded)
9. Much, much more!



Facility: 22,000 square foot, air conditioned, heated, fully equipped gym.

## What do I bring?

Bring friends!! This is a night you will never forget! Bring a pillow with no zipper and a sleeping bag. Leave all your jewelry and radios at home. Wear clothing that is void of zippers, buttons, or snaps, as they may damage the bars or snag on you. Bring props for the talent show!

## What if I get hungry?

Pizza and drinks will be provided on Friday night. We will serve donuts, milk and juice Saturday morning at no additional cost to you. You may bring money for snacks (\$5.00).

**Cost: \$45.00 / student members paid on site (\$40 if paid before Dec 17<sup>th</sup>)**  
**\$50.00 / Non-members paid on site (\$45 if paid before Dec 17<sup>th</sup>)**



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Print GIRLS LOCK-IN REGISTRATION Print

Girl's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Medications currently being taken \_\_\_\_\_

Ever broken a bone or dislocated a joint? Y or N If "yes", which one? \_\_\_\_\_

Other conditions we should be aware of? \_\_\_\_\_

**PARENT AND STUDENT MUST READ & SIGN**

1. All participants are required to follow all safety rules and policies at all times. Any infringements on policies will result in an immediate call to the child's parent(s). Parents will be expected to pick up the child within 30 min. of the call and **no refund is given!** **Parents are expected to review this with their child extensively before allowing them to come.**
2. All eating is in the lobby or designated areas. No food or drink is allowed in the gym.
3. You are not allowed to leave the gym once the event has started. (Parents have the right to take you home within the 8pm-8am lock-in period for any reason they consider.)
4. Parents are expected to be **on time for delivery and pick-up of their child.**
5. If you are **volunteering to be a lock-in Mom**, please pick up a lock-in Mom sheet and print your name here: \_\_\_\_\_.
6. Non-members need to fill out the gyms regular release.

I am aware of the risks inherent in the sport of gymnastics, tumbling, trampoline, pits, and any and all other activities available during the Girls Lock-In. I freely accept and fully assume responsibility for all such dangers, including personal injury, death, property damage and loss, which may occur to the above mentioned child. I certify that said child is in good health and physical condition to participate in all of the activities available at the Girls Lock-In and is covered by my insurance. In consideration of utilizing C.G.'s Gymnastics Inc.'s facilities, I hereby agree to waive all claims for personal injury and property damage that I may have against C.G.'s Gymnastics, Inc. and its directors and staff. I authorize the staff at C.G.'s Gymnastics, Inc. to act on my behalf in any emergency requiring medical attention and I agree that I will be obligated for all costs resulting from any treatment. I consent to the use of any photographs, videotapes or record of events for publicity use by C.G.'s Gymnastics, Inc. I realize that by signing this release, I assume all risks and waive certain rights, including the right to sue.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office: Total Paid _____ Date _____
Check # _____ Cash _____ Credit Card _____