

Saturday Activity



Nights



Olmsted Community Center
8170 Mapleway Drive, Olmsted Falls
(440) 427-1599 ~ www.olmstedcc.com



The more you come to SAN, the more you increase your chances to win!

Every paid entry receives a FREE door prize ticket for a chance to win nightly prizes or the grand prize of a \$75 Wal-Mart gift card.

Grades 2nd – 6th
7:00 – 10:00 pm
Cost \$8.00

Crafts Games Dodgeball Prizes DJ/Dance Party Basketball

April 8th

Take Me Out To The Ballgame!

Wear your **Baseball Jersey**

April 15

**NO SAN
Happy Easter!**

April 22nd

Minions' Amazing Race!

April 29th

Inflatable Night!



AJ Bouncers Returns

CHILD'S NAME: _____ GENDER: _____ DATE OF BIRTH: _____
 (First) (Last) (M/F)

PHONE (Home): _____ (Cell): _____

ADDRESS: _____ GRADE: _____
 (Street) (City) (Zip Code)

EMERGENCY CONTACT NAME: _____
 (First) (Last) (Relationship)

EMERGENCY CONTACT EMAIL: _____

ANY MEDICAL CONDITIONS FOR PARTICIPANT: _____

*In enrolling at Olmsted Community Center, participant understands that he/she attending the programs and using Olmsted Community Center and the facilities does so her own risk. Olmsted Community Center and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property l tained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in ut any programs on the premises, He/she does hereby fully and forever release discharged hold harmless Olmsted Community Center, all associated facilities and its own oloyees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. lition, he/she agree(s) to follow the rules of conduct and play set by Olmsted Community Center. Failure to do so may result in suspension from participation. **Consent:** I, lersigned, hereby give my consent for myself/child to participate in the Olmsted Community Center Recreation Program. I understand that the Olmsted Community Center, oloyees, volunteers and/or agents assume no liability for myself/child while participating in, or traveling to or from this program. I agree in case of accident to allow myself/child to rported to the nearest medical facility by emergency medical service/Olmsted Falls Fire Department. Fully recognizing the possibility of physical injury associated with the activ h I and/or my child desires to participate in, I hereby release and discharge the Olmsted Community Center / and its officials, employees, volunteers and agents, from and against l all claims for property damage and/or personal injury arising out of my or my child's participation in this activity. Finally, I do hereby authorize Olmsted Community Center and igns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.*

PARENT NAME: _____
 (Sign Name) (Print Name) (Date)

