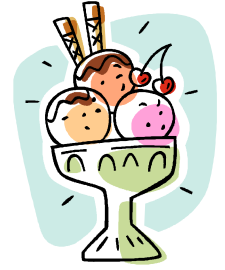




SUPERBOWL "SUNDAE" GYMNASTICS CAMP



Parents – enjoy your own Superbowl party and let the kids do some partying of their own! Join us for a fun-filled, one-day gymnastics camp, where campers will receive gymnastics instruction on all events, as well as play games, have contests, and open gym/free time! And of course, ice cream sundaes to celebrate!

WHERE: Legacy Gymnastics Academy

WHEN: Sunday, February 6th, 5:00 pm – 10:00 pm
(early pick-up available upon request)

OPEN TO: All students ages 4 and up, as well as siblings and friends!

COST: \$25/student; please register in the front office



ADDITIONAL INFORMATION: Please dress your child in appropriate clothing for participation in gymnastics related activities. Also, please make sure your child eats dinner before arrival at camp. We will provide snacks throughout camp.

SUPERBOWL 2010 INFORMATION:

The 2010 Superbowl XLIV will be played at Dolphin Stadium in Miami, Florida on Sunday, February 6th, 2010. The game will be televised on CBS, and kick-off is currently scheduled for 5:28 pm CST.

RELEASE FORM FOR SUPERBOWL SUNDAE CAMP 2010

THE STATE OF TEXAS
COUNTY OF BRAZORIA

I (We) the undersigned student, parent or legal guardian of student of Legacy Gymnastics Academy for and in consideration of my enrollment of the enrollment of my child or a student for whom I have been granted legal custody hereby voluntarily and knowingly execute this Release with the expressed intention of effecting the extinguishment of and complete release from any and all claims, demands or causes of action, I or my child and/or legal ward may have against Legacy Gymnastics Academy, Inc., its instructors, agents or employees, relating to injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward in the various programs of instruction, practice and physical activity associated with the study of ballet, gymnastics, and related activities by Legacy Gymnastics Academy.

EXECUTED THIS _____ DAY OF _____, 20_____

STUDENT: _____

SIGNATURE OF PARENT: _____ PARENT CONTACT NAME/NUMBER: _____

OTHER EMERGENCY CONTACT NAME/NUMBER: _____

IMPORTANT MEDICAL INFORMATION: _____