Cook County Lions Club

"Kids Helping Kids"

INVITES YOU TO PARTICIPATE IN OUR

Pizza FUNdraiser Evení!

We put the FUN in FUNdraising"

WHO:

Children ages 5 & up!

WHAT:

Come have fun and raise money too! Deployed military parents are filmed while reading a children's book aloud. Their child can watch the DVD while reading along with their parent.

Bring a book to donate.

WHEN:

Saturday, November 16 7:30 - 10:30 p.m.

COST:

MAKE ALL PAYMENTS DIRECTLY TO FLYING HIGH!

- 1. Walk in the day of the event and pay \$20.00 or...
- Pre-register by 8:00 p.m. on Thursday, November 14th and receive a \$5 discount per child.
 - Phone payment to Flying High: 708-352-3099 (MasterCard or Visa)
 - Stop in at Flying High to pay by cash, check, or credit card.
 - Complete the required non-member waiver attached

All proceeds benefit the Cook County Lions Club in support of United through Reading's Military Program.

Please note: Registration for Pizza FUNdraisers are non-refundable.

- Gym clothes; shoes and socks optional (no zippers on clothing)
- · No dangling earrings
- Parents are not allowed in the gym (for safety and security reasons); parents are more than welcome to stay in the upstairs viewing room "Cheer Mez" during the event.

FUN INCLUDES:

- 60 ft. Inflatable Obstacle Course
- Zip line
- Trampolines
- Foam Pits
- Open Gym
- Games
- PIZZA and our famous lemonade
- Cosmic Café will now be open to purchase candy, desserts, cosmic Snos & much much more!

UPCOMING EVENTS!

FLYING HIGH'S PIZZA FUN NIGHTS! OPEN TO THE PUBLIC!

December 6, 2013 *Themed January 3, 2014 February 14, 2014 *Themed March 14, 2014 *Themed April 4, 2014

May 2, 2014

June 6, 2014 *Theme: Flying High's 22nd Birthday

Party!

July 11, 2014 *6-9 p.m. August 1, 2014 *6-9.p.m.

For questions about the "Kids Helping Kids" fundraiser:

Please contact

Tamara Ivetic P: 708.275.7282

E: cookcountylions@gmail.com







5400 East Avenue Countryside, IL 60525 Phone 708-352-3099 Fax 708-698-1000

www.flvinghighgvm.com

ASSUMPTION OF RISK · WAIVER OF LIABILITY · MEDICAL AUTHORIZATION · PHOTO RELEASE

- (1) SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports and events. I am also aware that participation in certain activities including but not limited to day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all programs and activities at Flying High Gymnastics, Inc., dba Flying High Sports & Rec Center and its affiliated entities including but not limited to Flying V and I ACCEPT ALL RISKS associated with such participation.
- (2) In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, **PROMISE NOT TO SUE** and **FOREVER RELEASE** Flying High Sports & Rec Center and its Entities and their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.
- (3) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Flying High Sports & Rec Center and its Entities and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Flying High Spots & Rec Center and its Entities.
- (4) I am aware that individual or group publicity photos or videos may be taken from time to time and in consideration for me or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in publicity or advertising without compensation.
- I have read and understand this (1) ASSUMPTION OF RISK and (2) WAIVER OF LIABILITY and (3) MEDICAL AUTHORIZATION and (4) PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

	Participant's Date of Birth	Age
Printed Name of Participant	•	· ·
Printed Name of Participant (Sibling Only)	Participant's Date of Birth	Age
	Participant's Date of Birth	Age
Printed Name of Participant (Sibling Only)		
Home Address	City and Zip Code	
Home Phone	Cell Phone	
Email Address for our E-Newsletter		
Printed Name of Parent/ or Legal Guardian	Signature of Parent/or Legal Guardian	Date