

FOR GYMNASTICS PLUS USE ONLY: CAMPER'S NAME:

AGE: _____ M ___ F ___

	Deposit Received _____ Source _____
	Registration Packet Complete Yes No
	Health Issues:

2017 Gymnastics Plus FULL DAY Summer CAMP Registration Form

M / F

Child's Name: Last _____ First _____ Male/Female _____ Birthday (mm/dd/yyyy) _____

CO

Address: Street _____ City _____ State _____ Zip _____

Parent/Guardian #1: Last _____ First _____

Best Phone # to be contacted at: _____ Email Address _____

Local Emergency Contact: Last _____ First _____ Relationship to the Participant _____
This person must be different from #1 above

Best Phone # to be contacted at: _____

PLEASE REGISTER THIS CHILD FOR:

2017 FULL DAY CAMP #1 (Girls only) (JUNE 12- JUNE 16) _____

2017 FULL DAY CAMP #4 (JULY 10 - JULY 14) _____

8:30am-3:00pm

No extended care available before or after camp.

Payment Options: No credits or refunds.

CASH: Must sign up in person. Do NOT send cash through the mail.

CHECKS: All checks must be made payable to GYMNASTICS PLUS. One check may be written for multiple camps. All Deposits are non-refundable. Balance is due the first day of camp.

CREDIT CARD: We accept Visa, MasterCard and Discover

Credit Card # _____ Exp (DD/MM/YYYY) _____ Security Code: _____

Print Name as shown on card: _____ AUTHORIZED SIGNATURE _____

ASSUMPTION OF RISK – LIABILITY RELEASE & WAIVER

Child's Name: Last _____ First _____ M(initial) _____ Birthday (mm/dd/yyyy) _____

Initial: _____ **ASSUMPTION OF RISK, WAIVER OF LIABILITY:**

As legal guardian of the named participant(s), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion in a unique environment and as such, carry with them the risk of injury. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Gymnastics Plus and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gymnastics Plus, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Gymnastics Plus. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels is appropriate. Gymnastics Plus will only warn the participant thru safety messages and our teaching style and progressions.

Initial: _____ **PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE:**

I confirm that the above named persons and/or participants are in good health and I have medical insurance and will provide coverage while named persons and/or participants are enrolled. I fully understand that Gymnastics Plus staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Gymnastics Plus staff members to render temporary first aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by the Gymnastics Plus staff to seek medical help including calling of an ambulance for said named persons and/or participant should the Gymnastics Plus staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participating at Gymnastics Plus.

Initial: _____ **PHOTO RELEASE:**

I also understand and give permission for photographs and videos of named persons and/or participants and/or myself to be used in print or broadcast media, web site or for special presentations as deemed appropriate for the promotion of Gymnastics Plus. No names, addresses or other personal information will be used.

Parent/Guardian _____ **Date:** _____

Gymnastics Plus Camp Medical Form (Full Day Camps)

Child's Name _____ Child's age _____ Child's weight _____

Name of Parent/guardian _____

Parent/Guardian's Daytime Phone _____ Other phone _____

Allergies – Does your child have any life threatening allergies?

NO Yes – If yes, please list, describe the severity of the reaction, requested accommodations and what is done to manage them.

Please check the substances the Gymnastics Plus Staff may administer to your child:

___ Tylenol ___ Ibuprofen ___ Antihistamine ___ Tums

Medical, Physical or Emotional Conditions (including disabilities) that my affect his/her experience at our camp?

NO Yes – If yes, please provide information to assist us in providing the best camp experience for your child.

Medications (including inhalers)

NO Yes- If yes, please list _____

If your child must take medications while at camp, please note that here. All medications must be in their original containers and be appropriately labeled. We must have an attached letter detailing the medications, doses and administrations instructions for all prescriptions. Please DO NOT give your camper's medication for them to bring to camp; medications MUST be received and held by our Camp Director/Front Desk Staff.

What have we forgotten to Ask?

(for example, does your child have any reaction to sunscreen?) Please provide any other information about your child's health, which has not be asked on this form that you deem relevant.

Campers must be covered by their own medical insurance.

Name of Insurance Company _____

Policy/Subscriber # _____