

Gymnastics Unlimited

2010 SUMMER CAMP REGISTRATION FORM

Parent's Name: _____ Home Phone: _____

Address: _____ Mom's Work #: _____

City: _____, NC Zip: _____ Dad's Work #: _____

Child's Name: _____ Birth Date: _____ Age: _____ Sex: _____

Allergies/Medical Concerns: _____

Please put a check next to the weeks for which you are registering:

Week # 1(June 14-18) _____ Week # 2 (June 21-25) _____ Week # 3(June 28-July 2) _____ Week # 4 (July 5- 9) _____

Week # 5 (July 12-16) _____ Week# 6 (July 19-23) _____ Week # 7 (July 26-30)_____ Week # 8 (Aug 2-6) _____

Week # 9 (Aug 9-13)_____ Week # 10 (Aug 16-20)_____

Summer Camp

_____ Tumble Tot Camp **Ages 3-4** (Mon , Wed, Fri 9am – Noon) \$70 First child / \$60 2nd Child per week

_____ Recreation Camp **Ages 5-12** (Mon – Fri 9-Noon) \$ 105 first Child / \$ 85 2nd child per week

PLEASE READ ALL OF THE FOLLOWING VERY CAREFULLY:

A \$25 non-refundable deposit (PER CHILD, PER WEEK) must be remitted along with this sign-up sheet to reserve your child's spot in the camp (Example: 1 child for 2 weeks = \$50 non-refundable deposit). The deposit will go towards your summer camp fee. Full Tuition is due Monday morning at sign-in. Parents are **required** to sign their child in and out of camp every day. If someone other than a parent is picking up your child, a note **must** be written and signed by the parent. Gymnastics Unlimited reserves the right to cancel a week of camp if less than 5 children sign up for it.

- Checks should be made out to Gymnastics Unlimited. Please include your child's name on each check. All returned checks will be charged a \$15.00 handling charge..
- By signing on back, the parent understands that if his or her child attends one day of camp, that he or she is financially responsible for the entire week. We do not do any per day registrations.
- By signing on back, the parent gives permission to any person or persons acting as coach or instructors at Gymnastics Unlimited to seek and authorize emergency medical treatment for your child, should a medical emergency arise while your child is attending camp or a class and you cannot be reached. All medical concerns or allergies have been brought to Gymnastics Unlimited attention above.
 - By signing on back, the parent states that they have read, understand, and agree with the following:
- There is a \$15.00 Registration Fee for our Summer Camp for Non-members with a sibling discount. If you are already registered then you don't need to pay this fee.

I fully understand that Gymnastics Unlimited staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gymnastics Unlimited staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Gymnastics Unlimited staff to call our doctor and to seek medical help, including transportation by a Gymnastics Unlimited staff member or its representatives, whether paid or volunteer to any health care facility or hospital, or the calling of an ambulance for said child should the Gymnastics Unlimited staff deem this to be necessary.

We, the staff of Gymnastics Unlimited recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of Gymnastics ,Tumbling, Trampoline, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach’s Instructions.

Gymnastics Unlimited, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, dance, tumbling, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate in or while traveling to or from the event.

With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Gymnastics Unlimited. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the Gymnastics Unlimited and / or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child’s protection and my own protection.

I also understand that it is the Parent’s responsibility to warn the child about the dangers of gymnastics injury. The parent should warn the child according to what the parent feels is appropriate. Gymnastics Unlimited will only warn the child through “safety Messages” our teaching style and progressions.

Current Insurance Provider: _____ Agent _____

Any Known Allergies/Pre-Existing Injuries/Medical Conditions _____

*Signature _____ Date _____

*E-mail address _____