

Gymnastics Unlimited
2018 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 11-15) _____ Week # 2 (June 18-22) _____ Week # 3(June 25-29) _____ Week # 4 (July 2-6) _____
Week # 5 (July 9-13) _____ Week# 6 (July 16-20) _____ Week # 7 (July 23-27) _____ Week # 8 (July 30- Aug 3) _____
Week # 9 (Aug 6-10) _____ Week # 10 (Aug 13-17) _____ Week # 11 (Aug 20-24) _____

Summer Camp

_____ Tumble Tot Camp Ages 3-4 Full Time (Monday-Friday at \$120) OR Part Time (MWF at \$90)
_____ Recreation Camp Ages 5-12 Full Time (Monday-Friday at \$120)

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. There will be a late fee of \$1.00 per minute if the child is not picked up by noon. 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 \$25.00 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. If you are already registered for classes then you don't need to pay this fee.

Waiver and Release

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 or children 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 and/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 sports of gymnastics, tumbling and cheer leading. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, Tumbling and Cheer leading can be dangerous and 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 coaches' instructions.

Gymnastics Unlimited, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheer leading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate 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 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 parents' responsibility to warn the child about the dangers of gymnastics and 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" and our teaching style and progressions.

Insurance Provider _____ Signature: _____

Date: _____

Email address: _____ (please print clearly)

Any Known Allergies/Medical conditions/pre-existing injuries (Ex. ADD, ADHD, Asperger, Sensory disorders)
