



Summer Camp Registration

Student Name: _____ Sex: _____ Age: _____ DOB: _____
 (Last, First, Middle Initial)

Address: _____
 (Street, Apt., City, State, Zip)

Parent/Guardian Name: _____ Telephone: _____
 (Last, First, Middle Initial)

Secondary Phone: _____ Email Address: _____

Consent and Release Agreement

I give permission for my child named above to participate in gymnastics at Win-Win Gymnastics. I understand that gymnastics is inherently dangerous. I accept that any activity involving motion or height can cause serious, permanent or fatal injury. I will abide by the gym rules and policies. I verify that my child named above has had a medical examination within the last twelve months and is physically capable of participating in the sport of gymnastics.

I also verify the my child named above is covered by a personal /family accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child named above is at Win-Win Gymnastics. In the event of injury or illness, ever effort will be made to contact the parents or guardian. I authorize Win-Win Gymnastics to administer first aid and/or medical treatment. I waive the option to sue should my child incur an injury and agree to forever release Win-Win Gymnastics and its owners, employees or agents from any and all liability of whatever kind of nature.

Parents or Guardian's Signature _____ Date _____

Weeks	date(s) requested	Office use only		
		Paid	Payment Method	date
Week 1	June 20 – 24			
Week 2	June 27 – July 1			
Week 3	July 5 – 8 (Only 4 days)			
Week 4	July 11 – 15			
Week 5	July 18 – 22			
Week 6	July 25 – 29			
Week 7	August 1 – 5			
Week 8	August 8 – 12			
Week 9	August 15 – 19			
Week 10	August 22 – 26			