

Flames Gymnastics

Camp Registration Form

1 st STUDENT'S NAME M / F		Birth Date / /	
2 nd STUDENT'S NAME M / F		Birth Date / /	
3 rd STUDENT'S NAME M / F		Birth Date / /	
Home Address	City	State	Zip
E-Mail Address		Home Phone ()	
Mother's Name	Mother Work Phone ()	Mother Cell ()	
Father's Name	Father Work Phone ()	Father Cell ()	
Emergency Contact		Emergency Phone ()	
MEDICAL & INSURANCE INFORMATION			
Medical Health Insurance Company	Policy #	Copy of Card Yes NO	
Child 1 Medications	Medical Conditions	Allergies	
Child 2 Medications	Medical Conditions	Allergies	
Child 3 Medications	Medical Conditions	Allergies	
Session 1	Gross You Out Week	June 1st -5th	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 2	All Stars Week	June 8th-12th	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 3	Wet and Wild Week	June 15th-19th	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 4	Carnival Week	June 22nd-26th	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 5	Independence Week	June 29th-July 2nd	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 6	Act It Out Week	July 6th-10th	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 7	Wet and Wild Week	July 13th-17th	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 8	Discovery Week	July 20th-24th	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 9	Gross You Out Week	July 27th-31st	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	
Session 10	Talent Week	Aug. 3rd-7th	
Half Day M T W TH F WK	Full Day M T W TH F WK	PAID:	

WAIVER AND RELEASE

As legal guardian of, _____ I understand tat the sport of gymnastics involves certain inherent risks including the possibility of serious injury or death. In consideration of my child's participation in the activities including but not limited to gymnastics classes, tumbling, cheerleading, trampoline, karate, private lessons, clinics, open gym, dance lessons, competitions, team work-outs, or any special events of AZ Gold Gymnastics and/or Flames Gymnastics Academy, Inc. I am also aware that participation in day camps involves transportation to and from various field trips and as a result my child could be injured or killed in a vehicular accident. I do hereby agree to hold free from any and all liabilities, claims, damages, injuries, or losses, AZ Gold Gymnastics and/or Flames Gymnastics Academy, Inc., its respective owners, officers, employees, members, and the owner of the property where the business is being carried out and due herby for myself, my heirs, executors, and administrators release and forever discharge all rights and claims for damages which I or my child may have or which may hereafter occur to me or my child arising out of or connected with me or my child's participation in any of the activities of AZ Gold and/or Flames Gymnastics Academy, Inc. Also, any costs incurred including but not limited to: medical treatment of any type, costs for any medications, ambulance expenses, therapy of any type, costs for 'pain and suffering', liability, punitive damages, costs incurred for loss of work due to injury, or for loss of work for transporting and/or caring for an injured child, etc. As a part of taking class at AZ Gold Gymnastics and/or Flames Gymnastics Academy Inc. my child's picture may be taken and used on AZ Gold Gymnastics and/or Flames Gymnastics Academy Inc. websites, advertisements, or on a poster within the lobby.

I hereby grant my consent for AZ Gold Gymnastics and/or Flames Gymnastics Academy Inc. and any of its officers or agents to provide emergency medical care if necessary to my above-named child. This includes, but is not limited to: the services of a physician and/or Emergency room if considered necessary by the staff of AZ Gold Gymnastics and/or Flames Gymnastics Academy Inc. I also agree to assume responsibility for any and all expenses incurred for the emergency medical treatment of my child.

Minor's Release Authorization: without compensation to me or the student, I hereby grant to Flames/AZ gold Gymnastics the absolute right and permission to copyright, publish, and use photographic portraits, pictures, or videos of the minor for use through reasonable promotion of gymnastics and sports conducted by Flames/AZ Gold Gymnastics. I hereby waive any right that I or the minor may have to inspect or approve the finished media material as long as the matter is within reason and is not deemed to be socially inappropriate for use of the minor or student.

As legal parent or guardian of this student, I hereby verify by my signature below that I accept the conditions of the waiver and release and furthermore I permit my child to participate in the events provided by Flames/AZ Gold Gymnastics.

I HAVE READ AND FULLY UNDERSTAND ALL INFORMATION ABOVE.

SIGNATURE _____ DATE _____