

GYMNASTICS PLUS
DAY CAMP REGISTRATION FORM

9793 Glades Rd
Boca Raton, FL 33434
561-353-1974

DATE OF CAMP _____

LAST NAME _____ CHILD #1 _____ D/O/B _____ AGE _____ M/F

CHILD #2 _____ D/O/B _____ AGE _____ M/F

CHILD #3 _____ D/O/B _____ AGE _____ M/F

HOME PHONE # _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MOTHER _____ WK # _____ CELL # _____

FATHER _____ WK # _____ CELL # _____

EMERGENCY PHONE CONTACT

Please list below anyone other than parents authorized to pick up your child/children:

NAME _____ PHONE# _____ RELATIONSHIP _____

NAME _____ PHONE# _____ RELATIONSHIP _____

Please list below any special medical conditions/allergies your child/children have, including any restrictions on activities

RELEASE AGREEMENT

I understand that gymnastics is, in and of itself, inherently dangerous. In consideration of the acceptance of my participation and/or the participation of my child or ward in gymnastics at Gymnastics Plus, and with the understanding that my child may be injured in the course of running, jumping, climbing, swinging, or other activities routinely performed by children at Gymnastics Plus. I agree, on behalf of my minor children, to assume the risks incidental to such participation, including, but not limited to, those risks set forth above and I, on behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, release and forever discharge the released parties defined below from any liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my child's participation in such gymnastics activities and further agree to indemnify and hold the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties Gymnastics Plus and the officers, directors, employees, agents, representatives, successors and assigns of Gymnastics Plus. I agree that this release and indemnity agreement includes any claims for the negligence, actions or inactions of any of the above-released parties and covers bodily injury on behalf of my minor children suffered by my child or ward before, during or after participation in the gymnastics program. I further authorize medical treatment for said child or ward at my cost, if any arises. I understand by execution of this agreement that I am releasing the above released parties for their own negligence, actions or inactions.

I have read this release agreement completely before signing.

Signed _____ **Date** _____

I understand that there is a no monetary refund policy and programs at Gymnastics Plus are non-transferable. Days missed during a camp week cannot be made up during another camp week. Missed camp weeks cannot be substituted with other camp weeks. Refunds are not issued if a child is dismissed due to disciplinary action based on his/her behavior or misconduct. Also, refunds will not be issued in the event that the National Hurricane Center broadcasts a "hurricane/tropical storm warning" for our area. In such a case, Gymnastics Plus will cancel it's programs for the duration of the inclement weather. Refunds or makeup days will not be issued. The party that signs this agreement holds all financial responsibility for payment of fees/charges to Gymnastics Plus. There is a \$25 charge on all returned checks. It is required to drop off and pick up all children inside the facility. Gymnastics Plus cannot be responsible for any child dropped off or picked up outside the facility or who are not picked up on time. I give permission for the student/s who I am registering to participate in Gymnastics Plus programs and for any photo likeness of him/her to be used in any promotional material by Gymnastics Plus.

I have read this release agreement completely before signing.

Signed _____ **Date** _____