



Summer Camp Registration Form

Date Deposit Paid _____ Amount _____

Check # _____ Cash _____ Charge _____

Date Balance Paid _____ Amount _____

Check # _____ Cash _____ Charge _____

Student's Name (First – Last) _____ Age _____ Gym Class Level _____

Mother's Name (First – Last) _____ Work Phone _____

Father's Name (First – Last) _____ Work Phone _____

Home Address _____ Home Phone _____

City, Zip Code _____ Cell Phone/Pager _____

Student's Allergies or Other Pertinent Medical Conditions _____

Emergency Contact _____ Phone _____

(Other than Names Above – Please Note Relationship to Child)

<input type="checkbox"/> Mini-Star Camps <input type="checkbox"/> \$175 per week <input type="checkbox"/> \$140 for 4-Day Camp		<input type="checkbox"/> School Age Camps <input type="checkbox"/> \$325 per week <input type="checkbox"/> \$260 for 4-Day Camp
Morning Session 8:45 a.m. – 11:45 a.m.	Afternoon Session 12:15 p.m. – 3:15 p.m.	9:00 a.m. – 3:00 p.m.
_____ June 10 – June 13 <input type="checkbox"/>	_____ June 10 – June 13 <input type="checkbox"/>	_____ June 10 – June 13 <input type="checkbox"/>
_____ June 16 – June 20	_____ June 16 – June 20	_____ June 16 – June 20
_____ June 23 – June 27	_____ June 23 – June 27	_____ June 23 – June 27
_____ June 30 – July 3 <input type="checkbox"/>	_____ June 30 – July 3 <input type="checkbox"/>	_____ June 30 – July 3 <input type="checkbox"/>
_____ July 7 – July 11	_____ July 7 – July 11	_____ July 7 – July 11
_____ July 14 – July 18	_____ July 14 – July 18	_____ July 14 – July 18
_____ July 21 – July 25	_____ July 21 – July 25	_____ July 21 – July 25
_____ July 28 – August 1	_____ July 28 – August 1	_____ July 28 – August 1
_____ August 4 – August 8	_____ August 4 – August 8	_____ August 4 – August 8
_____ August 11 – August 15	_____ August 11 – August 15	_____ August 11 – August 15

To Reserve a Space, Deposit is Due in Full and is Non-Refundable.
 Funds are Transferable up to 2 Business Days before Your Child's Scheduled Camp.

Mini-Star Camps require a \$75 Deposit per Camp
 School Age Camps require a \$100 Deposit per Camp

Balance of \$100 Due on the First Day of Each Camp
 Balance of \$225 Due on the First Day of Each Camp

Lunch Option \$5 per day



Release of Liability and Indemnity Agreement

I am fully aware of and appreciate the risks, including catastrophic injury, paralysis and death, as well as other injuries, damages, and loses that may result from participation in gymnastics activities and events.

On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless and indemnify Gold Star Gymnastics, L.L.C., its officers, directors, agents and employees (hereinafter collectively "Gold Star"), from any and all claims for personal injury, property damage or wrongful death, and any damages resulting therefrom, that may arise out of, or in any way related to, my participation in activities involving Gold Star and travel related to such participation.

I understand that this release is intended to discharge in advance Gold Star from and against any and all liability arising out of, or in any way related to, my participation in activities involving Gold Star, and related travel, even though liability may arise from Gold Star's negligence, or other conduct by Gold Star.

This agreement shall not apply to claims that for public policy reasons, are not subject to waiver or release.

I have read and understand the terms of this release of liability and indemnification agreement, and I agree to be bound by its terms.

Participant's Name (Please Print)

Parent or Guardian's Name (Please Print)

Signature of Parent or Guardian on behalf of Participant

Date

Permission to Render Emergency Aid

I, the parent or legal guardian of the above-named minor, fully understand that Gold Star Gymnastics, L.L.C. staff members are not physicians or medical practitioners of any kind. With the foregoing in mind and in the event that any kind of injury or illness should occur to my child while on Gold Star premises, I hereby authorize Gold Star staff members to render first aid as deemed necessary in their discretion and/or to seek medical assistance, including calling 911 or otherwise arranging for the transport of my child to an appropriate medical facility for treatment. Additionally, I hereby authorize any trained and licensed medical professional to administer emergency medical treatment to my child should injury or illness occur in my absence. I understand that Gold Star will make every effort to promptly notify me of any such emergency.

I have read and understand the above Permission to Render Emergency First Aid and I hereby give my express written consent to its provisions.

Signature of Parent or Guardian

Date