



Date Deposit Paid \_\_\_\_\_ Amount \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

Date Balance Paid \_\_\_\_\_ Amount \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

## Summer Camp Registration Form

Student's Name (First – Last) \_\_\_\_\_ Age \_\_\_\_\_

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)

☆ **Mini-Star Camps** ☆ **Must Be Potty-Trained**  
 \$195 per week ☆ \$170 for multiple camps  
 \$155 for 4-day camp

☆ **School Age Camps** ☆  
 \$365 per week ☆ \$320 for multiple camps  
 \$290 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 14 – June 18	_____ June 14 – June 18	_____ June 14 – June 18
_____ June 21 – June 25	_____ June 21 – June 25	_____ June 21 – June 25
_____ June 28 – July 2	_____ June 28 – July 2	_____ June 28 – July 2
_____ July 6 – July 9 ☆	_____ July 6 – July 9 ☆	_____ July 6 – July 9 ☆
_____ July 12 – July 16	_____ July 12 – July 16	_____ July 12 – July 16
_____ July 19 – July 23	_____ July 19 – July 23	_____ July 19 – July 23
_____ July 26 – July 30	_____ July 26 – July 30	_____ July 26 – July 30
_____ August 2 – August 6	_____ August 2 – August 6	_____ August 2 – August 6
_____ August 9 – August 13	_____ August 9 – August 13	_____ August 9 – August 13
_____ August 16 – August 20	_____ August 16 – August 20	_____ August 16 – August 20

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 \$120 Due on the First Day of Each Camp  
 Balance of \$265 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