



Date Tuition Paid _____ Amount _____
Check # _____ Cash _____ Charge _____

Winter Camp Registration Form

Student's Name (First – Last) _____ Age _____ Date of Birth _____

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

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

Home Address _____ Home Phone _____

City, Zip Code _____ Email _____

Student's Allergies or Other Pertinent Medical Conditions _____

Emergency Contact _____ Phone _____

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

☆ Mini-Star Camps ☆ \$50 per day / \$45 per session for 4 or more		☆ School Age Camps ☆ \$85 per day / \$80 per session for 4 or more		Extended Care \$25/day or \$75 for 3-5 days
Morning Session 8:45 – 11:45 a.m.	Afternoon Session 12:15 – 3:15 p.m.	9:00 a.m. – 3:00 p.m.	\$7 per day	After Camp – 6:00 p.m.
_____ December 18	_____ December 18	_____ December 18	_____ Lunch (Cheese Quesadilla from Una Mas)	_____ December 18
_____ December 19	_____ December 19	_____ December 19	_____ Lunch (Kid's Chicken Strips from KFC)	_____ December 19
_____ December 20	_____ December 20	_____ December 20	_____ Lunch (Bagel Dog from Bagel Street Café)	_____ December 20
_____ December 21	_____ December 21	_____ December 21	_____ Lunch (Turkey Sandwich from Subway)	_____ December 21
_____ December 22	_____ December 22	_____ December 22	_____ Lunch (Cheese Pizza and Fresh Fruit)	_____ December 22
_____ December 26	_____ December 26	_____ December 26	_____ Lunch (Kid's Chicken Strips from KFC)	_____ December 26
_____ December 27	_____ December 27	_____ December 27	_____ Lunch (Bagel Dog from Bagel Street Café)	_____ December 27
_____ December 28	_____ December 28	_____ December 28	_____ Lunch (Turkey Sandwich from Subway)	_____ December 28
_____ December 29	_____ December 29	_____ December 29	_____ Lunch (Cheese Pizza and Fresh Fruit)	_____ December 29



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 losses that may result from participation in physical activities taught or conducted at Gold Star Gymnastics and on the equipment used at Gold Star, and travel related to such activities.

On my own behalf, on behalf of my representatives and heirs, and on behalf of my minor child or children, 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 are in any way related to, my participation in activities involving Gold Star and travel related to such participation.

To the extent I am signing this release on behalf of a minor child, I expressly represent that I am that child's parent or guardian and am authorized to sign this on their behalf.

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 liability may arise from Gold Star's negligence, or other conduct by Gold Star. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. No other representations concerning the legal effect of this document have been made to me.

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