

# Gold Coast Gymnastics Summer Camp Registration Form

Personal Information (please use a separate form for each camper)

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Medical, physical, mental or emotional complications? YES NO Allergies? YES NO

If YES, please explain \_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

The following individuals have permission to pick-up my child/children from camp:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Camp Information

Tuition: Full-day camp is \$190 per week. Half-day camp is \$145 per week. A 10% discount applies for your second, third, etc. child attending the same week. We will pro-rate if your camper must miss a day.

Dates: (Please place an X in the space provided for the week camper will be attending)

\_\_\_\_\_ June 20 - 24 \_\_\_\_\_ June 27 - July 1 \_\_\_\_\_ July 5 - 8 \_\_\_\_\_ July 11 - 15

\_\_\_\_\_ July 18 - 22 \_\_\_\_\_ July 25 - 29 \_\_\_\_\_ Aug. 1 - 5 \_\_\_\_\_ Aug. 8 - 12

\_\_\_\_\_ Aug. 15 - 19 \_\_\_\_\_ Half-Day Camp \_\_\_\_\_ Full-Day Camp \_\_\_\_\_ Toddler Camp

Will you need...

Early Drop-Off (8:00-9:00 AM) \_\_\_\_\_ YES Dates \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

By permitting my child to participate in Gold Coast Gymnastics' camps, classes, pizza nights, or open gym, I understand and acknowledge that participation in gymnastics and tumbling involves a certain degree of risk, and hereby release Gold Coast Gymnastics, its owners, employees, and volunteers, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of Gold Coast Gymnastics in or upon the premises of Gold Coast Gymnastics. Gold Coast Gymnastics recommends a doctor's physical before participation in any sport, for the benefit of your child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date