

GALAXY GYMNASTICS *Summer Camp Registration - 2009*

Child's Name _____ M F D.O.B. _____ Age _____

Address _____

E-mail Address _____

Student lives with: (circle)

both parents mother father guardian

How did you hear about us?

<input type="checkbox"/> Returning Student	<input type="checkbox"/> Friend
<input type="checkbox"/> Summer Rec Program	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Howell Day	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Birthday Party	<input type="checkbox"/> Magazine
<input type="checkbox"/> Other _____	<input type="checkbox"/> Web Site

Mother's Name _____

Cell Phone _____

Father's Name _____

Cell Phone _____

Home Phone _____

Work Phone _____

Home Phone _____

Work Phone _____

Emergency Contact:

1. _____

Cell Phone _____

Home Phone _____

Work Phone _____

Family Doctor _____

Phone _____

Medical Insurance Company _____

Policy # _____

Are there any medical conditions we need to be aware of? *ie: asthma* _____

Any previous illnesses or injuries that the staff should be aware of _____

Allergies _____

List any other concerns _____

I hereby state that all information above is true and accurate and agree to abide by the rules and policies of Galaxy Gymnastics, LLC.

Parent signature _____ Date _____

<input type="checkbox"/> Week 1 (July 7 & 9) <input type="checkbox"/> Week 2 (July 14 & 16) <input type="checkbox"/> Week 3 (July 21 & 23)	<input type="checkbox"/> Week 4 (July 28 & 30) <input type="checkbox"/> Week 5 (Aug. 4 & 6) <input type="checkbox"/> Week 6 (Aug. 11 & 13)
--	--

***\$50.00 non-refundable deposit per child per week is required to hold a reservation.
Balance is due June 22, 2009. No Refunds and No Make-ups***

FOR OFFICE USE ONLY

DEPOSIT AMOUNT: _____

PAID _____

BALANCE AMOUNT: _____

PAID _____

Last Name

First Name

Class

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in various activities at **Galaxy Gymnastics LLC** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **Galaxy Gymnastics LLC**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____
Printed name of participant

Signature of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian