

WORLD CLASS GYMNASTICS CAMP REGISTRATION FORM
SUMMER CAMP 2019

Family Information

Parent(s): _____, _____, _____
Last Mother First Father First

1st child: _____, _____, _____
Last First DOB

2nd child: _____, _____, _____
Last First DOB

3rd child: _____, _____, _____
Last First DOB

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (1) _____ (2) _____ email: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone#: (1) _____ (2) _____

Acknowledgement of Risk and Waiver of Liability - Please Read before signing!

I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading, dance, ball sports, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all World Class Gymnastics & Cheerleading (WCGC) programs and accept all risks associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue WCGC, its officers, directors, share holders, employees, volunteers, and all others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of WCGC. I also understand that WCGC retains the rights to use any photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any legitimate purposes. I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for WCGC.

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent's Signature: _____ Date : _____

Medical Insurance Company: _____ Insurance #: _____

Agreement: By enrolling my child(ren) in the above stated activity, I hereby agree to the following;
 (please initial)

- _____ 1. I will be responsible for sending an adequate lunch for my child(ren). A mid-afternoon snack will be provided by this facility. You may send money if your child wishes to purchase extra drinks, candy, etc.
- _____ 2. I will be responsible for immediately picking up my child(ren) should their conduct be deemed inappropriate and/or irresponsible, thereby causing unsafe acts or conditions towards themselves or others. I further understand, in such an event, **"NO REFUNDS"** will be issued.
- _____ 3. I will provide transportation for my child(ren) and agree to "DROP OFF" not earlier than 8:45am and PICK UP no later than 3:15pm on the dates selected. **Further, I agree to pay \$1/minute per child late fee beyond the scheduled PICK UP time.**
- _____ 4. I acknowledge that I have read and understand the General Camp Information Packet and agree to comply with the guidelines therein.

 Parent/ Guardian Signature

 Date

World Class Authorized Pick-Up Form

I, _____ authorized my child(ren) (named above), to be released from World Class to the following persons:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

I will inform the people named above that they must present a **VALID DRIVERS LICENSE and PASSWORD** in order for my child/children to be released into their custody.

FAMILY PASSWORD (Please read) All families that are involved in our camp program are required to have a password. This password is developed by you and kept within the circle of people that you are authorizing to pick up your children. When someone comes to pick up your child, along with your password, they must have proper ID showing the name that you have given us. Please be sure to notify the gym at any time if there are any changes in authorized/unauthorized pick up on a day-to-day basis. Your password is personal and private and will be kept in a safe place. We appreciate your complete cooperation in this matter to allow us to provide a more fun, safe, and enjoyable experience for everyone.

MY FAMILY PASSWORD IS: _____

We are World Class Gymnastics and Cheerleading know it is important that your child has a positive and fun experience. Please let us know if you have any special requests: ie: friends or siblings they would like to be grouped with, are they shy and have trouble making new friends. Let us know and we will help.

Also, please list below any physical or medical concerns.

1. _____
Child's name

2. _____
Child's name

3. _____
Child's name

WORLD CLASS GYMNASTICS & CHEERLEADING

CAMP PAYMENT AUTHORIZATION

PAYMENT POLICY:

A credit or debit card must be kept on file in order to hold your spot. We accept major credit cards, cash or check as payment options. If paying by cash or check 50% deposit is required before spot is secured and the balance must be paid on the Friday before the camper arrives or their spot will not be saved

Please understand that your child will not be allowed to participate with any outstanding balances. In order to avoid this situation, we require a credit card to be kept on file for our office to pay off your daily, weekly, or camp fees.

CREDIT CARD TYPE: ____ (Visa) # _____ Exp date _____

____ (MC) # _____ Exp date _____

NAME ON CARD: _____

SIGNATURE : _____ Date: _____

REFUNDS: Please refer to the "cancellation" section in the camp information packet. Cancellation and non-refundable fees may apply

MAKE-UPS: Please refer to the "transfer of camp days" in the camp information packet. Re-stocking fee will apply.

Medical/Health Insurance Care Information

Child's Doctor Name _____

Office Phone # _____ After hours phone # _____

Health Insurance Company _____

Group or Policy Number _____ Phone # _____

Medication _____

Allergies _____

Immunizations _____

Special Conditions or Concerns _____

As parent &/or legal guardian of the above named child(ren), I state, under penalty of perjury, that all information regarding medical/health insurance is accurate and in effect at the time of signing this consent form.

(signature of parent/legal guardian)

Date _____



