



## Registration Information & Payment Policies

**Please read carefully and initial each of the following items:**

- \_\_\_\_\_ A **non-refundable** or **transferable** deposit of \$25.00 per week is required to reserve your child's spot.
- \_\_\_\_\_ The balance for each week of camp you select is due by noon on the Friday before that week begins.
- \_\_\_\_\_ A credit card authorization is required for Early Bird Rates and all pre-registrations.
- \_\_\_\_\_ Your credit card will be charged for the weekly balance due by noon of the Friday before each week of camp you choose.
- \_\_\_\_\_ Failure to pay the balance due for each week by noon on the Friday before camp will result in loss of your deposit for that week and any special rate discounts.
- \_\_\_\_\_ Gravity **active** members have a 5% or 10% discount depending upon level of membership.
- \_\_\_\_\_ Discounts cannot be combined. Greatest discount will always be applied.
- \_\_\_\_\_ **Walk-ins will be charged an additional \$10.00 fee per child** for that week of camp. Please pre-register!
- \_\_\_\_\_ If you know in advance that you will not be attending a week of camp, then you must contact Gravity's office by the Thursday before your selected week of camp begins to stop automatic payment of the balance due.
- \_\_\_\_\_ I have received the "Gravity Summer Camp Guidelines" and agree to follow all policies.
- \_\_\_\_\_ **No credits or make-ups are given for absences during camp.**
- \_\_\_\_\_ **Camp weeks are non-transferable.** If you need to change weeks after deposit is paid, the deposit for that week will be lost and a new deposit has to be paid for the new week of camp you'd like to reserve.

**Refunds:** Gravity Gymnastics Camp Program has a NO REFUND POLICY. Only in the case of extreme medical emergency will this policy be reviewed.

## Acknowledgement of Risk and Waiver of Liability

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, martial arts, and the uses of inflatable devices. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Miramar Gymnastics and Parties, Inc. doing business as Gravity Gymnastics (GG) programs and accept all risks associated with that participation. In consideration for allowing my child to use this facility, 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 GG, its officers, directors, shareholders, employees, volunteers, and all other associated with the corporation from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision or control of Gravity Gymnastics. I also understand that GG 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 GG. I have read and understand this acknowledgment of risk and waiver of liability and I voluntary affix my name in agreement.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ (please print).

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Name: \_\_\_\_\_ Class: \_\_\_\_\_

Non-Member: _____		Bronze Members: _____			Silver Member: _____						
Week	Deposit Received By	Weekly Rate	Ext. Care	Lunch	Total Weekly Charge	Minus Deposit	Minus Memb. Discount	Minus Monthly Tuition	Minus Sibling Discount	Due By	Weekly Amount Due
Week I 06/13-06/17										6/10/2011	
Week II 06/20-06/24										6/17/2011	
Week III 06/27-07/01										6/24/2011	
Week IV 07/05-07/08										7/01/2011	
Week V 07/11-07/15										7/08/2011	
Week VI 07/18-07/22										7/15/2011	
Week VII 07/25-07/29										7/22/2011	
Week VIII 08/01-08/05										7/29/2011	
Week IX 08/08-08/12										8/05/2011	
Week X 08/15-08/19										8/12/2011	

## Credit Card Authorization:

I, \_\_\_\_\_, hereby authorize Gravity Gymnastics to charge my credit card below for my child/children weekly camp tuition at Gravity Gymnastics along with any applicable camp upgrades I choose.

Credit Card Type: \_\_\_\_\_ #: \_\_\_\_\_ Exp: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_