

2012 Spring Camp Registration Form

Family Information

Name of 1st Child: _____ DOB _____

Name of 2nd Child: _____ DOB _____

Name of 3rd Child: _____ DOB _____

Parent (s) Name: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____ @ _____

Emergency Contact Number: _____ Name: _____

Emergency Contact Number: _____ Name: _____

Comments / Allergies: _____

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, cheer-leading, 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 voluntarily affix my name in agreement.

Parent's Signature: _____ Date: _____

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

Pick Up Authorization:

I, _____ authorize my child/children to be released from Gravity to the following individuals:

_____ Phone # _____

_____ Phone # _____

I will inform the people named above that they must present a valid driver's license and PASSWORD in order for my child/children to be released into their custody. At Gravity we understand that in certain circumstances an individual may not be allowed to pick up your child due to custody agreement or other restrictions. If applicable, please identify the name of the person that may not take your child home.

Please do not release my child to _____. Please call me at _____ if this person attempts to pick up my child.

My family PASSWORD is: _____

Registration Information & Payment Policies

Please initial each of these items:

- A **non-refundable** or **transferable** deposit of \$25.00 per week is required to reserve your child's spot in camp.
 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 all pre-registrations.
 Your card will automatically be charged the balance due by noon of the Friday before the week of Spring Camp .
 Failure to pay the balance due for the week of Spring Camp by noon on the Friday before 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, or sibling discount.
 Walk-ins will be charged an additional \$10.00 fee per child for that week of camp.

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. I understand Gravity Gymnastics has a no refund policy.

Credit Card Type: _____ #: _____ Exp: _____

Name on Card: _____ Billing Zip Code: _____

Signature: _____

Non-Member: _____ Bronze Members: _____ Silver Member: _____ Gold Member: _____

Weeks	March 12	March 13	March 14	March 15	March 16	Three X Wk	Weekly	Dis- counts	Total Due
Session I (8:30AM-12:30PM)									
Session II (8:30AM-3:30PM)									
Session III (8:30AM-6:00PM)									
Extended Care (7:30AM-8:30AM)									
Weekly Lunch									

Amount Due: _____ Amount Paid: _____ Balance: _____

Check _____ Cash _____ C.C. _____ Processed By _____ Date: _____

Balance due will be charged on the credit card provided above on April 11th by noon.