

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: _____

Camp Information

Camp Name: _____ Camp Date: _____ # of Kids: _____

Session I Session II Session III Extended Care Lunch
(8:30 AM-12:30PM) (8:30AM-3:30PM) (8:30AM-6:00PM) (7:30AM-8:30AM) (\$6.00 daily-\$25.00wk)

Amount Due: \$ _____ Amount Paid: \$ _____ Balance: \$ _____ C.C. Cash Check

Camp Name: _____ Camp Date: _____ # of Kids: _____

Session I Session II Session III Extended Care Lunch
(8:30 AM-12:30PM) (8:30AM-3:30PM) (8:30AM-6:00PM) (7:30AM-8:30AM) (\$6.00 daily-\$25.00wk)

Amount Due: \$ _____ Amount Paid: \$ _____ Balance: \$ _____ C.C. Cash Check

Credit Card Authorization:

I, _____, hereby authorize Gravity Gymnastics to charge my credit card below for my child/children daily/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: _____ Date: _____

www.gravitygymnastics.com

11940 Miramar Pkwy., Miramar FL 33025 * 954-450-7770

Pick-Up Authorization Form:

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: _____

Password Clue: _____

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, use of inflatables, cheerleading, dance, ball sports, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Gravity Gymnastics 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 on the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue Gravity Gymnastics, its officers, directors, share holders, employees, volunteers, and all other associated with the corporation(s) from 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 Gravity Gymnastics retains the rights to use any photographs, videotapes, motion pictures recordings, or any other record of events for publicity, advertising, or any legitimate purposes.

I have read and understand this Acknowledgment of Risk and Waiver of Liability and I voluntarily affix my name in agreement.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Release and Medical Authorization

In the event of an injury requiring medical attention, I authorize Gravity Gymnastics to obtain medical treatment for my child, when I cannot be reached to provide consent at the time of injury. I understand that Gravity Gymnastics is not required to make a determination to the degree of injury other than making a good faith determination that medical attention is required before seeking medical care.

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 Gravity Gymnastics.

Parent/Guardian Signature: _____

Print Name _____

Date: _____