

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: _____

Student's Name: _____ Level of Membership: _____

Please select your child's dates camp below:

January 16th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

January 20th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

February 20th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

March 30th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

April 6th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

May 25th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

June 8th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

September 17th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

September 26th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

October 26th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

November 6th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____

November 12th, 2012

8:30-12:30 8:30-3:30 8:30-6:00

Lunch Extended Care (7:30-8:30AM)

Due: _____ Paid Today: _____ Balance: _____



Credit Card Authorization:

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

Expiration Date: _____ Billing Zip Code: _____

Billing Address: Same as on page one or _____ City: _____

Name on Card: _____

Signature: _____