

BLANKET WAIVER

Due to insurance regulations, every person entering the facility must read the following waiver and sign below as an acknowledgement that he/she understands the following agreement:

I acknowledge that by participating in gym activities and/or by moving around the gym with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors for whom I am responsible for, incur any injury. By waiving the option to sue I also thereby release **Golden City Gymnastics** its agents or employees, officers, counselors, chaperones, coaches, helpers or assistants from liability for such injury.

Signature _____ Phone Number _____ Date _____

Athlete's Name (print name) _____

EMERGENCY MEDICAL RELEASE WAIVER

The undersigned, being the parent or guardian of _____ do hereby authorize **Golden City Gymnastics**, its coaches, trainers or any member of its staff to obtain emergency medical treatment from physician, hospital or other qualified medical personnel or facility as needed in the event of accident or injury.

The undersigned also agrees to be responsible for all the costs of said emergency treatment. The undersigned further states that the above mentioned athlete is in good health and is not suffering from any medical or physical impairment, except: _____.

The undersigned further certifies that said athlete is not allergic to any medicines or drugs, except: _____.

Signature of Parent/Guardian: _____ Date: _____

MINOR RELEASE

ATHLETE/PARTICIPANT (print name): _____

I, the above mentioned minor athlete/participant's parent and or legal guardian understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless **Golden City Gymnastics** from all liability claims, demands, losses, or damages on the minors account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against **Golden City Gymnastics**. I will indemnify, save, and hold harmless **Golden City Gymnastics** from any litigation expenses, attorney, fee, loss liability, damage or cost any may incur as the result of any such claim.

Signature of Parent/Guardian _____ Date _____

CONSENT TO PHOTOGRAPH AND PUBLISH

I understand that in the normal course of business, my child _____ may be photographed during practice or competition events. I hereby allow **Golden City Gymnastics** to publish and/or use pictures of my child for the purposes of advertising, marketing, or other media publications related to the normal course of business. I also understand that all photographs, and rights to their use, remain the property of **Golden City Gymnastics** and such pictures will not be returned or given to me, regardless of whether this consent is withdrawn at any time. I hereby release **Golden City Gymnastics** from an and all liability related to the publications in any such media source accept for liabilities arising from willful and wanton misconduct on the part of Golden City Gymnastics, LLC members or agents. I understand I may withdraw this release at any time, with notice to **Golden City Gymnastics** in writing.

Signature of Parent/Guardian

Date

For Office Use Only

Registration Fee Non-Refundable: (check one)

_____ Single ½ Day (\$25) _____ Family ½ Day (\$35) _____ Single Full Day (\$35) _____ Family Full Day (\$45)

Camp Fees ½ Day Paid: (check one)

_____ All 5 Days (\$140) _____ 4 Days (\$120) _____ 3 Days (\$95) _____ 2 Days (\$70) _____ 1 Day (\$45)

Camp Fees Full Day Paid: (check one)

_____ All 5 Days (\$195) _____ 4 Days (\$170) _____ 3 Days (\$135) _____ 2 Days (\$100) _____ 1 Day (\$65)

Reg. Fee Amount: _____

Camp Fee Amount: _____

Sibling Discount: _____ (**\$10 off for siblings that register for all 5 days of camp only**)

Total Paid: _____

Date Paid: _____ **Method of Payment:** _____ **Receipt/Check/**_____

Please check all weeks that you are registering for:

_____ Week 1 (May 31 ~ June 3)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4

If less than 4 please circle days attending: Tuesday Wednesday Thursday Friday

_____ Week 2 (June 6 ~ June 10)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4 5 (Full Week)

If less than 5 please circle days attending: Monday Tuesday Wednesday Thursday Friday

_____ Week 3 (June 13 ~ June 17)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4 5 (Full Week)

If less than 5 please circle days attending: Monday Tuesday Wednesday Thursday Friday

_____ Week 4 (June 20 ~ June 24)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4 5 (Full Week)

If less than 5 please circle days attending: Monday Tuesday Wednesday Thursday Friday

_____ Week 5 (June 27 ~ July 1)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4 5 (Full Week)

If less than 5 please circle days attending: Monday Tuesday Wednesday Thursday Friday

_____ Week 6 (July 11 ~ July 15)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4 5 (Full Week)

If less than 5 please circle days attending: Monday Tuesday Wednesday Thursday Friday

_____ Week 7 (July 18 ~ July 22)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4 5 (Full Week)

If less than 5 please circle days attending: Monday Tuesday Wednesday Thursday Friday

_____ Week 8 (July 25 ~ July 29)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4 5 (Full Week)

If less than 5 please circle days attending: Monday Tuesday Wednesday Thursday Friday

_____ Week 9 (Aug 1 ~ Aug 5)

Please check the type of camp you would like to register for: _____ ½ Day Camp **OR** _____ Full Day Camp

Please circle how many days you would like to register for: 1 2 3 4 5 (Full Week)

If less than 5 please circle days attending: Monday Tuesday Wednesday Thursday Friday

Summer Camp

@ Golden City Gymnastics
930 Lithia Pinecrest Rd.
Brandon, FL 33511
(813) 685-7770

2022

Registration

Today's Date: _____

Child's Name: _____ Age: _____ Date of Birth: _____

Parent(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Work: _____ Dad's Work: _____

Other Phone #: _____ Please write their relation to the gymnast: _____

Emergency Contact Name (other than parent): _____ Phone #: _____

Medical Restrictions/Allergies: _____

How did you hear about us? _____