

Aim High Academy, Inc.

Summer Gymnastics Training Camp Registration Form

Child's name: _____ DOB: __/__/__ Age: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Telephone #: _____ Cell #: _____ Work#: _____

Emergency Contact Name: _____ Emergency #: _____

	\$185 <u>Half Day</u>	\$265 <u>Full Day</u>	
June 26-June 30, 2017	9am-12pm	9am-3pm	
July 17-21st, 2017	9am-12pm	9am-3pm	*TUMBLING CAMP*
July 31 st -Aug 4 th , 2017	9am-12pm	9am-3pm	
Aug 7-Aug 11 th , 2017	9am-12pm	9am-3pm	
Aug 21-Aug 25 th , 2017	9am-12pm	9am-3pm	

Membership/Insurance Fee \$5.00 (new members only*) _____

Tuition _____ + _____

Total _____

Less deposit due at signing (\$50.00 non-refundable deposit per athlete)

_____ discounts (10 % Multi Week or Child) _____ - _____

Due by June *Ages 6 & up ONLY***** _____

**Please circle class your child attends:
Little Dippers, Starlights, Starbrights,
Big Dippers**

There will be **NO** prorating of days, no make-ups and no credit given without written medical excuse.

Payment Method: Check # _____ M/C Visa Cash

Name on card _____ Exp. date _____

Signature of Parent/Guardian _____:

Please fill out additional paperwork and return by June 1st

Aim High Academy, Inc. **Camp Medical Form**

Relatives/Friends to contact in case of emergency (other than guardians)

Name _____ Relationship to child _____ Telephone # _____

Name _____ Relationship to child _____ Telephone # _____

Medical Information:

Medications (if any) _____

Allergies _____

(Additional consent will be required for epi-pens and Benadryl) (Demonstration may be required)

Other Medical Concerns

Has the applicant ever been excluded from physical education or been told to limit physical activity as a result of any medical problems or injury? _____ Yes _____ No

If yes please explain and provide a physicians document of fitness permitting sports training.

In consideration of admittance, I _____ hereby authorize Aim High Academy, Inc. to arrange for medical examination and/or treatment of my child should an emergency arise at camp. It is understood that a conscientious effort will be made by Aim High Academy Inc. to contact me at the emergency numbers I have provided, before any medical action is taken. I would prefer to have my child, if the need arises, taken to _____ hospital*

*Choice of hospital may be limited by service of local rescue squad.

ASSUMPTION OF RISK * WAIVER OF LIABILITY * PHOTO RELEASE * MEDICAL AUTHORIZATION

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, rock climbing, and outdoor play can result in severe injuries, permanent paralysis, brain damage, or even death.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Aim High Academy, Inc., each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees, and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such a claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understood this Assumption of Risk, Waiver of Liability, Medical Authorization, and Photo Release.

Printed Name of Participant Minor _____ Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/or Legal Guardian _____ Date _____

*Physician's Signature _____ Date _____

***(Only needed for pre-existing conditions)**

