

South Coast Gymnastics Summer Camp Application

(PLEASE PRINT CLEARLY)

Date: _____

Parent/Guardian Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ How did you hear about us? _____

Name of PARTICIPANT #1: _____ Age: _____ DOB: _____

Sex (Circle One): M F Gymnastics Experience (Circle One): Beginner Intermediate Advanced

Name of PARTICIPANT #2: _____ Age: _____ DOB: _____

Sex (Circle One): M F Gymnastics Experience (Circle One): Beginner Intermediate Advanced

Mother's Work Phone: (____) _____ Cell: (____) _____

Father's Work Phone: (____) _____ Cell: (____) _____

Physician: _____ Phone: (____) _____

List any medical problems: _____

Insurance Carrier: _____ Group #: _____

Whom to contact if parent/guardian cannot be reached:

Name: _____ Relationship: _____

Phone: (____) _____ Address: _____

SOUTH COAST GYMNASTICS TRAINING CENTER Minor Consent and Assumption of Risk Statement

In consideration of being allowed to participate in any South Coast Gymnastics Training Center activities, the undersigned parent(s) and/or guardian(s) of the minor participant named below agree to the following:

1. The parent(s) and/or guardian(s) to the minor participant will instruct the minor/participant in any activity, and regularly thereafter, that he/she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant and parent(s)/guardian(s) are responsible to carefully review and follow all USA Gymnastics Safety Guidelines.
3. I/We fully understand and will instruct the minor participant that:
 - a) There are risks and dangers associated with participation in cheerleading and/or gymnastics events and activities including, but not limited to, those of bodily injury, partial and/or total disability, paralysis and death.
 - b) The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
 - c) These risks and dangers may be caused by the negligence of the participant or the negligence of others.
 - d) There may be other risks not known to us or are not reasonably foreseeable at this time.

I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however caused or alleged to be caused in whole or in part by the negligence of South Coast Gymnastics Training Center, other participants, coaches, instructors, officials, sponsors, advisors, owners, and lessee of the premises used to conduct the activity and each of them, their officers, directors, agents, and employees.

I/We agree that this Consent and Assumption of Risk Statement covers each and/or every activity sponsored by South Coast Gymnastics Training Center and/or other parties during the use of this facility for private practice or training sessions through rental of the premises by a private organization.

I/We have read the above waiver and sign it voluntarily.

Signature of PARENT/GUARDIAN

Date

Print Full Name(s) of PARTICIPANT(s)

TURN OVER >>>

Session #: _____ Kindly Note: Full payment is due at time of sign-up. Cash or Check Only Please.

Gymnastics Camp Package (circle one): 5-Days/Week 4-Days/Week 3-Days/Week

If 4-Day or 3-Day Package, Specify Day(s): Mon Tues Wed Thur Fri

Day Option (Circle One): 1/2 Day Full Day

SECTION FOR OFFICE USE ONLY:

Total Due & Paid:\$ _____ Check:# _____ OR Cash Receipt: # _____ Rec'd By: _____

Notes: _____

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