

2010 Summer Camp Registration Form

Student's Name: _____ Age: ____ M / F

2nd Student's Name: _____ Age: ____ M / F

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

**** Emergency Contact Information: (other than parent listed above) ****

Name: _____ Phone #: _____

Please indicate the weeks, the days, and the length of day your child will attend camp:

Half Day 9:00-12:00 _____ ¾ day 9:00-2:00 _____ Full day 9:00-4:00 _____

Preschool Weeks- Ages 3-5 yrs- Half Day 9:00-12:00 Only: *(circle all days attending)*

June 1st-June 4th _____ (Pre-school ages 3-5 ONLY) Tues Wed Thurs Fri

June 7-11th _____ (Pre-school ages 3-5 ONLY) Mon Tues Wed Thurs Fri

Ages 3 & up: *(circle all days attending)*

June 14-18th _____ Mon Tues Wed Thurs Fri

June 21-25th _____ Mon Tues Wed Thurs Fri

June 28-Jul 2nd _____ Mon Tues Wed Thurs Fri

July 5-9th _____ Mon Tues Wed Thurs Fri

July 12-16th _____ Mon Tues Wed Thurs Fri

July 19-23rd _____ Mon Tues Wed Thurs Fri

July 26-30th _____ Mon Tues Wed Thurs Fri

Aug 2-6th _____ Mon Tues Wed Thurs Fri

Aug 9-13th _____ Mon Tues Wed Thurs Fri

I fully understand that the New Bern Gymnastics, Inc, staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the New Bern Gymnastics, Inc. staff to render any emergency temporary first aid to myself, my child or children in the event of an injury or illness deemed necessary by NBG staff or its representatives. I also permit New Bern Gymnastics staff and its representatives to call upon medical doctor(s) to seek help, including transportation by a NBG staff member, paid or volunteer, to any health care facility or hospital. I will permit NBG to call an ambulance for said child or children should the New Bern Gymnastics, Inc staff deem it to be necessary. We, the staff of New Bern Gymnastics, Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students or participating parents/guardians may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, and cheerleading can be dangerous and can lead to injury. New Bern Gymnastics, Inc., its coaches and other staff members will not accept responsibility for injuries sustained by any student or participating parent/guardian during the course of gymnastics, tumbling, dance, cheerleading instruction, open workouts, or in the course of any exhibition, competition, or clinic in which any student may participate in that requires the traveling to and from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by New Bern Gymnastics, Inc. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child or children may have against New Bern Gymnastics, Inc. and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for my children's protection as well as my own protection

Parent Signature

Date