

## **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.

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Signature

Phone Number

Date

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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.

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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.

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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 (\$130)      \_\_\_\_\_ 4 Days (\$115)      \_\_\_\_\_ 3 Days (\$90)      \_\_\_\_\_ 2 Days (\$65)      \_\_\_\_\_ 1 Day (\$40)

**Camp Fees Full Day Paid:** (check one)

\_\_\_\_\_ All 5 Days (\$180)      \_\_\_\_\_ 4 Days (\$155)      \_\_\_\_\_ 3 Days (\$120)      \_\_\_\_\_ 2 Days (\$85)      \_\_\_\_\_ 1 Day (\$50)

**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 (June 3 ~ June 7)**

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 2 (June 10 ~ June 14)**

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 17 ~ June 21)**

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 24 ~ June 28)**

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 (July 8 ~ July 12)**

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 15 ~ July 19)**

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 22 ~ July 26)**

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 29 ~ Aug 2)**

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 5 ~ Aug 9)**

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

**\_\_\_\_\_ Late Pick-Up Fees (after hours):**

***PLEASE READ AND INITIAL***

Parents picking up children after 6:10pm will be charged a late fee of \$1.00 per minute, per child with no cap. Late fees are payable in cash to the front office upon pick-up!

# SUMMER CAMP

@ Golden City GYMNASTICS  
930 LITHIA PINECREST Rd.  
BRANDON, FL 33511  
(813) 685-7770

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## 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? \_\_\_\_\_

Child's T-Shirt Size\* (circle one): CXS (2-4) CS (6-8) CM (10-12) CL (14-16) AS AM AL

*\*Please note that whatever size is circled on this paper will be the size that your child receives. Exchanges cannot be made.*