

# G Y M K H A N A S U M M E R C A M P S

## GYMNASTICS or

## TUMBLING DAY CAMPS



Four Weeks: June 21-August 5, 2010  
 Four Days: Monday-Thursday each week  
 Each Day: 9:00 a.m.- 1:00 p.m. (bring a sack lunch)  
 Boys & Girls, Ages 5 & up (all skill levels)  
 \$50 for one week

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WEEK	START DATE	END DATE	FOR	EVENTS
<input type="checkbox"/> 1	June 21, 2010	June 24, 2010	Boys & Girls	Gymnastics
<input type="checkbox"/> 2	June 28, 2010	July 1, 2010	Boys & Girls	Tumbling
<input type="checkbox"/> 3	July 26, 2010	July 29, 2010	Boys & Girls	Gymnastics
<input type="checkbox"/> 4	August 2, 2010	August 5, 2010	Boys & Girls	Tumbling

Parents must register their children in the Gymkhana Pro Shop

**HURRY AND SIGN UP NOW!!!**

\*\*\*\*\* PARTICIPANT INFORMATION \*\*\*\*\*

participant's full name \_\_\_\_\_ male/female (m/f): \_\_\_\_\_ age: \_\_\_\_\_ date of birth: \_\_\_\_\_  
 type & level of prior athletic training: \_\_\_\_\_ any relevant health limitations (disabilities, injuries, allergies, etc.)? \_\_\_\_\_

\*\*\*\*\* PARENT / GUARDIAN INFORMATION \*\*\*\*\*

parent/guardian's full name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city, state & zip: \_\_\_\_\_  
 home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

\*\*\*\*\* CONSENT & INSURANCE & WAIVER & INDEMNITY & EMERGENCY \*\*\*\*\*

As Parent/Guardian of the above-identified Participant, or as the Participant myself, I hereby consent to his/her/my participation in the above-identified Special Activity. I am fully aware of the risks and hazards associated with this Activity, including the risk that the Participant may suffer catastrophic injury, paralysis, or even death, and I voluntarily assume all such risks. I confirm that the Participant is covered by proper Health, Medical, and/or Accident insurance, which I consider adequate for both the Participant's protection and my own protection. IN CONSIDERATION OF THE PARTICIPANT BEING ALLOWED TO PARTICIPATE IN THE SPECIAL ACTIVITY, I, INTENDING TO BE LEGALLY BOUND, ON BEHALF OF MYSELF, THE PARTICIPANT, THE PARTICIPANT'S OTHER PARENT(S)/GUARDIAN(S), AND OUR SUCCESSORS AND ASSIGNS (COLLECTIVELY "MY FAMILY"), HEREBY WAIVE AND RELEASE ANY AND ALL RIGHT AND/OR CLAIM FOR DAMAGES WHICH MY FAMILY MAY HAVE AGAINST GYMKHANA GYMNASTICS CLUB, INC. OR ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS (COLLECTIVELY "GYMKHANA"), FOR ANY AND ALL LOSSES, INJURIES, AND/OR DAMAGES THAT MAY BE SUSTAINED AND/OR SUFFERED BY MY FAMILY IN CONNECTION WITH OUR ASSOCIATION WITH GYMKHANA. I FURTHER AGREE, ON BEHALF OF MY FAMILY, TO DEFEND, INDEMNIFY, AND HOLD GYMKHANA HARMLESS FROM AND AGAINST ALL CLAIMS, LIABILITIES, COSTS, AND EXPENSES (INCLUDING ATTORNEY'S FEES) FOR SUCH LOSSES, INJURIES, AND/OR DAMAGES. I hereby give my permission for Emergency Medical Treatment of the Participant by a qualified and licensed Medical Doctor if, after a reasonable effort has been made, I cannot first be contacted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_