

# Gold Country Gymnastics Camp Registration Form



- June 25-29
- July 9-13
- July 16-20
- July 30-August 3

Camper Name: \_\_\_\_\_

M or F (circle one)

Birthdate: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Individual Needs: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Non-Refundable Deposit

\$ \_\_\_\_\_

How Paid : \_\_\_\_\_

e-mail  
Emergency Contact and Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

I am aware that gymnastics involves potentially hazardous situations and I am voluntarily permitting my child to participate in the activities with the knowledge of the danger involved. I hereby agree to accept any and all risks of injury to him or her that may result therefrom. In addition, I hereby acknowledge and agree to release, defend, indemnify, and hold harmless Gold Country Gymnastics (GCG), it's employees, principals, and agents and assume full responsibility for any loss or damage for any claim, lawsuit, or demand for loss or damage on account of injury or death whether caused by the sole, active, or passive negligence of GCG, its employees, or agents while he or she is participating in any way in any instruction or activity.

\_\_\_\_\_  
Parent Signature

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

## Field Trip Release

The above listed camper has my permission to attend all field trips associated with the summer camps checked above including Fridays at the park and swimming pool. Each child will be assigned to a coach while on the field trip who will be fully responsible to insure their safety. Children will be expected to know who their assigned coach is and to stay in direct contact with them at all times during the field trip. Children will not be allowed, for any reason, to leave the field trip or vary from the assigned plan. Should there be a medical emergency associated with the camper, coaches, if unable to reach parent, will determine what type of medical intervention is necessary for the health and safety of the child.

\_\_\_\_\_  
Parent Signature

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