

WORLD CLASS GYMNASTICS CAMP REGISTRATION FORM
SPRING BREAK CAMP 2010

Family Information

Parent(s): _____, _____
 Last Father First Mother First

1st child: _____, _____ DOB _____
 Last First

2nd child: _____, _____ DOB _____
 Last First

3rd child: _____, _____ DOB _____
 Last First

Address: _____ City: _____

State: _____ Zip: _____

Phone #: (1) _____ (2) _____

Email: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone#: (1) _____ (2) _____

_____ (Initial Please) Children with repeated adverse behavior will be asked to sit out and the parent will be notified!

Acknowledgement of Risk and Waiver of Liability - Please Read before signing!

I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading, dance, ball sports, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all World Class Gymnastics & Cheerleading (WCGC) programs and accept all risks associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf

and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue WCGC, its officers, directors, share holders, employees, volunteers, and all others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of WCGC. I also understand that WCGC retains the rights to use any photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any legitimate purposes. I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for WCGC.

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent's Signature: _____ Date : _____

Medical Insurance Company: _____

Insurance #: _____

World Class Authorized Pick-Up Form

I, _____ authorized my child/children (named above), to be released from World Class to the following persons:

Name: _____ Relationship: _____

Phone # _____ Name: _____ 1

Relationship: _____ Phone # _____

I will inform the people named above that they must present a VALID DRIVERS LICENSE and PASSWORD in order for my child/children to be released into their custody.

FAMILY PASSWORD (Please read) All families that are involved in our camp program are required to have a password. This password is developed by you and kept within the circle of people that you are authorizing to pick up your children. When someone comes to pick up your child, along with your password, they must have proper ID showing the name that you have given us. Please be sure to notify the gym at any time if there are any changes in authorized/unauthorized pick up on a day-to-day basis. Your password is personal and private and will be kept in a safe place. We appreciate your complete cooperation in this matter to allow

us to provide a more fun, safe, and enjoyable experience for everyone.

MY FAMILY PASSWORD IS: _____

We are World Class Gymnastics and Cheerleading know it is important that your child has a positive and fun experience. Please let us know if you have any special requests: ie. friends or siblings they would like to be grouped with, are they shy and have trouble making new friends. Let us know and we will help. Also, please list below any physical or medical concerns.

1. Child's Name: _____
Physical or Medical Conditions: _____

2. Child's Name: _____
Physical or Medical Conditions: _____

3. Child's Name: _____
Physical or Medical Conditions: _____

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AMY GREEN Feb 16, 2010 5:20 PM