

2019 Team Camp Registration Form

J Star Gymnastics

69 union st

North Adams, Ma 01247

*Please submit a separate form for each child

Child's name: _____ Child's birth date: _____

Age: _____ Parent(s) or Guardian(s): _____ Phone #: _____

Current Email Address: _____ Current Competitive level: _____

Team Camp:

- . • July 8th – July 12th 8:00am to 4:00pm
- . • \$325/week.
- . • Deposit of \$100 is due with the child's registration and balance is due one week before camp.
- . • Thursday night will be activity night. We will provide dinner and take everyone bowling, then we will have a sleepover at the gym.
- . • Breakfast will be provided the next morning
 - Please provide a snack and lunch each day for your child

Camp deposit is non-refundable three weeks prior to the start of camp. The balance is due one week before the start of camp and is non-refundable after the start of camp.

Release of liability and indemnification

I am aware that gymnastics is a dangerous activity that could result in injury, paralysis or even death. I assume all risks of injury or loss to myself or my child arising from the above activity. If the participant is a minor, I also give my permission for his/her participation in the above activity, and for any necessary medical treatment. I further agree that participants involved in J Star Gymnastics programs/activities may be photographed and such may be used to publicize J Star Gymnastics programs/activities. In exchange for my child being allowed to participate in the above activity, I release, discharge and agree to indemnify and hold harmless J Star Gymnastics, its employees, officers or agents from any liability, loss of damage, including but not limited to that arising from negligence of any of the released parties, which may result to me or any minor child of mine.

Healthcare Provider: _____ Primary Doctor: _____

Allergies: _____ Parents Signature: _____