### **SUMMER CAMP PROGRAM**

# Student Information Registration



# **Corinth Gymnastics, Inc.**

1402 N. Corinth, Suite 106 Corinth, Texas 76208 940-498-4FUN (4386)

Student's Information: Last Name		First Name		
Address:		Phone:		
	Zip	Date of Birth:		
Parent/Guardian: Father's Name:		Mother's Name:		
Employer:		Employer:		
Business Phone:		Business Phone	:	
Cell Phone:		Cell Phone:		
e-mail Address:		e-mail Address:		
Driver's License #:	State: and / o	r Social Security Nu		
			<u>.</u>	
How did you hear about us?  Driving by[] Newspaper[] Yellow Pages[] Internet[]  Other Referred by	Person to call in an em  Name Phone  Phone  Doctor's Name Insurance Carrier	ergency if parent / Alt	guardian cannot be contacted: _ Relationship	
School:			OFFICE USE ONLY: Reg. Pd [ ] Policies [ ] Waiver [ ] Processed By	

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#### INDIVIDUALS AUTHORIZED FOR CHILD PICK UP:

Primary: Last Name		First Name	
Address:		Phone:	
Cell Phone:			
Last Name		First Name	
Address:		Phone:	
Cell Phone:			
<b>Secondary:</b> Last Name		First Name	
Address:		Phone:	
Cell Phone:			
Last Name		First Name	
Address:	<del></del>	Phone:	·
Cell Phone:			
Last Name		First Name	
Address:		Phone:	
Cell Phone:			

## **EMERGENCY "CODE WORD"**

If a staff member receives a call requesting a change to the authorized pick up list above, the caller will be required to give the Code Word as the means of identity verification.

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#### **SUMMER FUN ACTIVITIES**

- Free Play The children will have free play time in our large gym. This is NOT gymnastics instruction. It is supervised free time structured more as an indoor recess.
- Field trips Activities away from the gym include activities such as Movies, Swimming, Park, Bowling, Roller Skating & Zoo.
- Other Activities These will include puzzles, board games, cards, and appropriately rated movies & videos.

#### **ACTIVITIES WAIVER AND RELEASE**

- I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities.
- I hereby give my consent to Corinth Gymnastics, Inc. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted.
- I further agree that Corinth Gymnastics, Inc. along with the employees, officers, and directors of this
  organization shall not be liable for any losses, damages, or injuries occurring as a result of my child's
  participation in the program, including but not limited to damage claims for personal injury or death,
  except where such loss or damage is the result of the intentional injury by an employee of Corinth
  Gymnastics, Inc.
- I also affirm that I now have and will continue to provide proper hospitalization, health, and accident
  insurance coverage, which I consider adequate for both my child's protection and my own protection.
  I also understand that it is the parents' responsibility to warn the child about the dangers of
  gymnastics and injury. The parent should warn the child according to what the parent feels is
  appropriate.
- As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully
  understand and accept the above conditions for permitting my child to participate in the SUMMER
  FUN Program activities conducted by Corinth Gymnastics, Inc.

ucted by Corinth Gymnastics, Inc.		
• •	agree to abide by the	
Signature of Parent/Guardian	Date	
	ge that you have received, read, and Naiver.	ge that you have received, read, and agree to abide by the Naiver.

<sup>\*\*\*</sup> Parents please note that if you prefer that your child not participate in an activity listed above please indicate your preference on the Student Information sheet.