

# SUMMER FUN DAYS

## 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian #1:

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
e-mail Address: \_\_\_\_\_

### Parent/Guardian #2:

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
e-mail Address: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Comments: \_\_\_\_\_

Child's previous gymnastics experience: (describe briefly) \_\_\_\_\_

**How did you hear about us?**  
\_\_\_\_\_  
\_\_\_\_\_

### Person to call in an emergency if parents / guardians cannot be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

**Allergies/Important medical information:** \_\_\_\_\_

\_\_\_\_\_

**Earliest drop-off time:** \_\_\_\_\_

**Child's shirt size:** \_\_\_\_\_

**(CS,CM,CL,CXL/AXS,AS, AM)**

### OFFICE USE ONLY:

Registration Paid \_\_\_\_\_

Processed By \_\_\_\_\_

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**INDIVIDUALS AUTHORIZED FOR CHILD PICK-UP:**

**Primary:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Secondary:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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.**

**The code word should NOT be given to your child or anyone who might pick up your child.**

\_\_\_\_\_

# SUMMER CAMP PROGRAM

Student Information  
Registration



**Corinth Gymnastics, Inc.**

**1402 N. Corinth, Suite 106**

**Corinth, Texas 76208**

**940-498-4FUN (4386)**

## 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, etc.
- Other Activities - Organized, supervised gym games, puzzles, board games, cards, and appropriately rated movies & videos.

\*\*\* Parents please note that if you prefer that your child not participate in any specific activity listed above, please indicate your preference on the Student Information sheet.

## 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 camp program activities conducted by Corinth Gymnastics, Inc.

By signing below, you acknowledge that you have received, read, and agree to abide by the SUMMER FUN DAYS rules, policies and waiver.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# SUMMER FUN DAYS

## PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent of a child/children participating in the Summer Fun Days Program at Corinth Gymnastics, Inc. (Hereinafter known as the "Summer Program"), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed while participating in the Summer Program during normal Summer Program hours, which is not limited to but includes field trips, arts & craft projects, group games, and miscellaneous activities. I understand that these photographs may be used in promoting Corinth Gymnastics programs, either in print or on the Internet.

The child(ren) are known as: \_\_\_\_\_.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Corinth Gymnastics programs. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship To Child \_\_\_\_\_