

Holiday Fun Days



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: _____

Name: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

e-mail Address: _____

e-mail Address: _____

Parent/Guardian #2:

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. _____

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: _____

Secondary:

Last Name _____

First Name _____

Address: _____

Phone: _____

Cell Phone: _____

Last Name _____

First Name _____

Address: _____

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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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.
- Arts & Crafts
- Other activities, including supervised group 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 DAY CAMP activities conducted by Corinth Gymnastics, Inc.

By signing below, you acknowledge that you have received, read, and agree to abide by the Program Rules, Policies and Waiver.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Dates of Attendance and (earliest) time of arrival on those dates:
