



Stars Gymnastics 2019 Camps & Events Student Registration Form

Child #1 Name	DOB
Child #2 Name	DOB
Child #3 Name	DOB
Parents/Guardian	
Mother:	Father:
Mother Phone:	Father Phone:
Mother Email:	Father Email:
Address:	City: State: Zip:
Emergency Contact Name:	Phone: Email:

	<u>Event Name & Date + Parent Initial</u>	<u>Event Name & Date + Parent Initial</u>	<u>Event Name & Date + Parent Initial</u>
Child 1			
Child 2			
Child 3			

	<u>Event Name & Date + Parent Initial</u>	<u>Event Name & Date + Parent Initial</u>	<u>Event Name & Date + Parent Initial</u>
Child 1			
Child 2			
Child 3			

1. I have previously read and agree to Stars Gymnastics Camps & Events Policies and Guidelines.
2. I have previously read and agree to Stars Gymnastics Waiver and Release of Liability Disclaimer.
3. I have previously completed the Stars Gymnastics Student and Medical Information Form. All information remains the same to the date of my child's most recent event participation stated above.
4. I have previously completed the Stars Gymnastics Student Medical Release form and Additionally authorized persons who may pick up my child. That information remains the same to the date of my child's most recent event participation stated above.

Signature _____ Date _____



Stars Gymnastics Camps & Events Policies and Guidelines

- PARTICIPANTS
 - Must be between the ages of 4 and 14yrs. Must be in good physical condition to handle physical activities.
- PAYMENTS
 - All participants are encouraged to register a minimum of 2 business days prior to the actual event to allow time for proper staffing. Parents Nigh Out fees will increase \$5.00 per student for those who register one day prior to the event or on the day of the event.
 - All fees must be paid in full prior to participation.
 - No refunds. An account credit may be given with a minimum of 24 hour notification of non-attendance.
- ARRIVAL & PICK-UPS
 - Parents may not drop off children outside the gym. Children must be signed in and out by an adult.
 - Children dropped off early and/or not picked up on time, will receive the following consequences.
 1. 1 warning to parent
 2. \$1.00 fee for every minute outside scheduled event hours.
 3. Suspension from all Stars Special Events and camps
- FOOD
 - Parents Night Out (PNO) -Pizza will be provided for all TGIF participants. However, campers may bring their own snack or dinner if they choose to. No discounts or credits will be given for bringing own food to PNO.
 - Camp – Lunch is not provided. Participants must bring their own lunch.
 - There is a refrigerator available to store lunches and a microwave to warm up food if needed.
 - Beverages are also available for your convenience at a cost. \$1.00 Water. \$1.50 Gatorade. The children will not be given soda.
- SPECIAL EVENTS
 - All special events will be posted in lobby board and emailed to all participants.
- HEALTH
 - We are not equipped to care for an ill child. If a child becomes ill during the day, the parent will be notified and expected to arrange for alternative care. If a child requires prescription medication during the day, the parent must have required forms completed (at your request if needed).
- CLOTHING
 - Each child should be dressed in comfortable clothes (shorts and T-shirt or leotards). While in the gym the children will be barefoot.
- JEWELRY and HAIR
 - No jewelry is to be worn in the gym. Only stud earrings are allowed. However, we recommend that all jewelry is left at home. Hair needs to be pulled back for safety reasons.
- CELL PHONES AND OTHER ELECTRONICS
 - Cell phones and other electronics will not be allowed. Please leave cell phones at home. We are not responsible for lost/stolen items.
- EMERGENCIES
 - In case of a major earthquake or evacuation, children will be taken to the Covina fire station located at 1577 Cypress in the City of Covina, (626) 858-5512.
- GUIDELINES
 - Please fill out all the necessary paperwork with times/weeks of planned attendance so we can staff properly. If your child(ren) is going to be absent for the day, please call in and notify the office 24 hours in advance. If notification is not given 24 hours prior to camp day, refund or credits will not be given.
 - Gum is not allowed in the gym. Food is to be consumed in the designated area only. Stars Gymnastics LLC. reserves the right to alter the schedule without notice. These guidelines are to help ensure a positive experience for your child. If you have any questions, please feel free to call the office at (626) 331-8841.
- ACTIVITIES
 - Physical activity will be the primary focus of our camps & events. However, Campers will also spend time with crafts, games.

Signature _____ Date _____



CAMP & SPECIAL EVENTS:

WAIVER AND RELEASE OF LIABILITY DISCLAIMER:

STARS GYMNASTICS LLC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, DAY CAMP, FIELD TRIPS OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, SPORTING ACTIVITIES OR PRESCHOOL CLASSES AT STARS GYMNASTICS LLC. FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF STARS GYMNASTICS LLC., ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Stars Gymnastics LLC., the Stars Gymnastics Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Stars Gymnastics, LLC., or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, ninja, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future that may be made by family estate heirs, assigns, or me.

Further, I am aware that gymnastics, ninja and sport activities are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, ninja, sport activities, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and the mats, pits, and other safety equipment and apparatus provided for my protection including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics or ninja, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of their participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Stars Gymnastics, LLC. and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Stars Gymnastics, LLC. activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of California.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Stars Gymnastics, LLC. or any person listed above.

Child's Name: (Printed): _____

Parent's Name (Printed): _____

Parent Signature: _____

Date: _____



Stars Gymnastics' Camps & Events- Student & Medical Information

(All Information Very Important-Please Fill Out Completely)

Child #1-Name:	DOB:	Age:	M or F
----------------	------	------	--------

Medical Conditions:

Medical Restrictions:

Medications:

Special Instructions:

Allergies:

Child's Primary Insurance:

Provide a copy of Insurance Card

Child #2-Name:	DOB:	Age:	M or F
----------------	------	------	--------

Medical Conditions:

Medical Restrictions:

Medications:

Special Instructions:

Allergies:

Child's Primary Insurance:

Provide a copy of Insurance Card

Physician's Name:

Physician's Telephone #: - -

Parent's Name:

Address:

City	Zip	Home Phone #:
------	-----	---------------

Cell Phone #:	Work Phone #:
---------------	---------------

I hereby give consent for Stars Gymnastics to provide customary medical/athletic attentions, transportation and emergency medical services as warranty in the course of my child's participation at Stars Gymnastics. I will maintain and uphold up-to-date primary medical health insurance during the entire camp/Summer Fun enrollment at Stars Gymnastics LLC.

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------



Stars Gymnastics' Camps & Events Medical Release Form Cont...

Very Important:

Signing your child IN and OUT of day camp is very important. The child is not allowed to sign themselves in or out. Only the parent or authorized person(s) is permitted to Sign In and Sign Out. If an authorized person is picking up your child, please note this on the Sign In Form and notify the receptionist when you Sign In. If a person is picking up that is not on the authorized persons list, we will not release the child without written permission from the parent.

Code Word _____ (This word is a word only you, your child and the authorized persons know to verify your authorization for them to pick up your child when you cannot. Persons other than parent will be required to produce driver's license as identification)

Additionally Authorized Persons (not listed on the original registration form):

Name:	Phone #:
DL #:	
Name:	Phone #:
DL #:	
Name:	Phone #:
DL #:	

Other Emergency Contacts (not listed on the original registration form):

Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------