



Erie Gymnastics Center
Team Lightning Inc.
Camp Registration Form



PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. Family Information (Responsible Party):

Mother's Name: _____ Father's Name: _____ Last Name: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Additional Phone #'s (Cell / Car...) _____
Mom's Work Phone: (____) _____ Occupation (optional) _____
Dad's Work Phone: (____) _____ Occupation (optional) _____
Email Address: _____

Please fill out the emergency information below so we may act quickly in the event of an accident.

Who to call if parents can not be reached : **(Must be an adult other than parents for contact)**

Emergency Contact Name: _____ Phone Number (____) _____

2. Student Information: (One form per child: each child is treated individually)

Gymnasts First Name: _____ Last Name: _____ Sex: Male / Female
Birthday: ____/____/____ Current Age: _____ Health Issues/Allergies: _____
School: _____ Grade: _____ Medical Insurance: _____ Policy: _____
Current Gym / Club: _____ Current USAG (equivalent level) _____ Coach: _____
What level did you compete during the 2012-13 season? _____ Highest All Around Score: _____
How did you find out about Erie Gymnastics Center Camp? _____

If a friend referred - who specifically? _____

Purpose for Training: _____

Medical History:

Any previous illness or injury we should know about _____

Date of last Physical ____/____/____ Results: _____

3. Release Statement: (One form per child: each child is treated individually)

PART 1: Release to allow EGC to Render First Aid and / or seek Emergency Services in the absence of Parents or Guardians

I fully understand that Erie Gymnastics Center (also known as Team Lightning Inc.) its staff members (paid or volunteer) are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Erie Gymnastics Center staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Erie Gymnastics Center staff to call our doctor and seek medical help, including transportation by an Erie Gymnastics Center staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Erie Gymnastics Center staff deem this to be necessary.

PART 2: Agreement not to sue or cause litigation versus Team Lightning Inc. (dba- Erie Gymnastics Center, its agents or employees. We, the staff of Erie Gymnastics Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, cheerleading, dance, acrobatics, and/or specialized sports training. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, Tumbling, Trampolining, Acrobatics, Cheerleading, Dance, acrobatics, and/or Specialized Sports Training can be dangerous and can lead to injury or death! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Team Lightning Inc (dba - Erie Gymnastics Center) , its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of Gymnastics, Tumbling, Trampolining, Acrobatics, Cheerleading, Dance, acrobatics, and/or Specialized Sports Training open workouts, or in the course of any exhibition, competition or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Erie Gymnastics Center and or its

3. Release Statement continued from first page:

...representatives whether paid or volunteer.

Continued on the back of this application.
Please also sign the release on the back of this form

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. Erie Gymnastics Center will only warn the child through "Safety Messages" and our teaching style and progressions.

PART 3: *Erie Gymnastics Center may use my child's photograph or video for promotional purposes.*

X _____
Gymnast's or Participant's Signature _____ Date _____

X _____
Parent or Guardian Signature _____ Date _____

4. Financial Information:

A) Included is my \$50.00 non-refundable deposit check # _____

B) Please charge my Credit/Debit Card \$50.00 non-refundable deposit

Credit Card Type: VISA / Master Card - (circle one)

Card Number _____ - _____ - _____ - _____ Expiration Date _____ / _____

Authorization Agreement: Team Lightning Inc. is hereby authorized to initiate withdrawals or draw by electronic funds transfer from the named checking/savings account or Credit Card. A \$50.00 deposit is required for acceptance, with the remainder balance due the 1st day of camp. If my/our account does not have sufficient funds to cover the charge(s), I/we agree to pay a \$25 fee for NSF/ or Late Fee payable to Erie Gymnastics Center. Client also agrees to pay all legal fees associated with collection efforts.

Signature _____ Date: _____

5. T-Shirt Size: *Each Child attending Team Camp will receive a free Camp T-Shirt. Please fill in the appropriate information. Size: (Circle one)*

Child Small (6-8) / Child Med. (10-12) / Child Lg (14-16) / Adult Small / Adult Med / Adult Large / Adult XL

6. Housing: *My child (circle one) a) will be commuting b) would like to arrange housing*

If housing is requested— EGC does its best to facilitate a wonderful camp experience. We try to match up gymnasts coming from other clubs with our host families. Most situations have been highly successful and many lead to long lasting friendships. Obviously, we want both parties to have a great experience, and do our best to match up gymnasts by age, ability, interests.... EGC however can not predict how these temporary living conditions are going to work out, and all the various scenarios that can happen. As a result, EGC only facilitates these relationships, and it is up to the parent/guardians of each family to ensure success. EGC is not responsible for any situation that arises in these situations. The host parents typically welcoming the visiting gymnast into their home (as is) and treat them as one of the family. They feed them, clean up after them, provide towels & showers, pack lunches, transport them around. We recommend that you make a donation of at least \$10.00 a day to the host family to offset additional expenses. We also do gym sponsored activities in the evenings, so please provide your child with some spending money. EGC does not get in the middle of these transactions. We also provide "Emergency Guardianship forms that allow the host parents and the gym to act in your absence in case of any illness or emergency.

1. Does your child have any allergies (cats/ dogs/ foods)? _____
 2. Does your child take any medications? _____
 3. Does your child have any issues being away from home? Home sickness? _____
 4. Does he/she have any Hobbies or Special Interests? _____
 5. Swimming ability? _____
 6. Anything else the host family & gym should know about you child? _____
- _____