DAY CAMP Registration



Corinth Gymnastics, Inc. 1402 N. Corinth, Suite 106

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:			Parent/Guardian #2:	
Name:		Name:		
Employer:		Employer:		
Business Phone:		Business Phone:		
Cell Phone:		Cell Phone:		
e-mail Address:		e-mail Address:		
Person responsible for paym	ent:	Relationship:	<u>.</u>	
Driver's License #:	. State:			
How did you hear	Person to call in an e	mergency if parents / g	guardians cannot be contacted:	
about us?	Name			
	Phone.	Alter	nate Phone	
	Name	Relationship		
	Phone.	Alternate Phone		
	Doctor's Name		<u>.</u> Phone	
	Doctor's Name.			
			Policy #	
	Insurance Carrier.			

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:		Thome.	
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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DAY CAMP 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

DAY CAMP 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: