



AAGI  
gymnastics

# Winter Break Camp

**MUST PRE-REGISTER**

December 26th

December 27th

December 28th

January 2nd

January 3rd

January 4th





## Winter Break Camps

Children ages 5-13 years old welcome!

8am – 5pm, \$45 per day

Campers must bring:

- Sack lunch, we do have a microwave available.
- Snacks or money for the vending machine - our campers are active all day!
- No-spill water bottle, we do have water fountains.
- Change of clothes.

Campers should wear athletic shorts and a T-shirt or a leotard. No zippers, buttons, or jewelry. Campers **may not** have heelies or gum.

A **non-refundable** \$10 deposit is required to hold your child's spot. The deposit is applied toward camp tuition.

## **WAIVER AND RELEASE (Parent Copy)**

I permit my child to participate in tumbling, gymnastics, and cheerleading at American Allstar Gymnastics Inc. I fully understand that American Allstar staff members are not physicians or medical practitioners of any kind. With above in mind, I hereby release the American Allstar staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary call our doctor or seek medical help, including transportation by a American Allstar staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should staff deem it necessary.

We, the staff of American Allstar Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading and dance can be dangerous and can lead to injury. 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. American Allstar, its coaches and other staff members, will not accept responsibility for any injuries sustained by a student during the course of gymnastics, trampoline, tumbling, cheerleading, or at open workouts, exhibition, competition, or clinic in which he or she may participate, or while traveling to or from such 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 American Allstar. I, my executors, or other representatives, waive and release all rights and claims for hazards that I or my child may have against American Allstar and/or its representatives whether paid or volunteer. 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 they feel is appropriate. American Allstar will only warn the child through "Safety Messages" and our teaching style and progressions.

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Parent/Guardian Signature

Date

## **AMERICAN ALLSTAR GYMNASTIC POLICY ACCEPTANCE**

1. **Safety issues** - Due to safety concerns, I understand that any interference with either coaches or participants during activities can be detrimental to safety and agree to express any and all concerns with staff outside of scheduled activities. I also understand that staff members may request for mediation and may not be able to discuss concerns with parents without an appointment. I agree to bring my child promptly to class and understand that a short warm up may be required of my child if late for safety reasons.
2. **Pick up policy** - Due to safety concerns AAGI requires all students to remain in the facility waiting or viewing area for pick up. Students will not be permitted to wait outside for pick up and it is requested that neither students nor siblings be allowed outside the facility without the attendance of a parent or responsible adult. We also request that if someone other than the regular person is to pick up your child; we be given advance notice. When dropping off please park and escort your child into the premises. If you are more than 20 minutes late for pick up a \$10 fee may be assessed.
3. **Gym and viewing area** - Due to safety regulations and compliance with insurance policies, parents nor siblings, etc. are not allowed in the gym area or on any of the equipment. Students are not allowed in gym area or on equipment before or after classes.
4. **Proper attire** - Proper attire is required in order to promote safety. In gymnastics program, this consists of leotard for girls with hair put up away from the face. Boys are to wear short-sleeved t-shirt and loose, above the knee shorts, permitting free movement, no denim and no buttons or zippers. In the dance program, a pink or black leotard, pink or white tights with correct shoes for type of dance, hair put up out of face. In cheerleading the type of workout will determine attire; hair put up out of face is required.
5. **Payment policy**-All camps must be paid in full at the time they attend the 1<sup>st</sup> day. **No refunds.**
6. AAGI has the right to change, omit, or cancel any of the above policies at anytime without notice.

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Parent/Guardian Signature

Date

# Registration & Emergency Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M( )/F( )

Child 2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M( )/F( )

Child 3 Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M( )/F( )

School district your children attend? Comal ( ) New Braunfels ( ) San Marcos ( ) Other \_\_\_\_\_

Guardian #1: \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Email: \_\_\_\_\_

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

Guardian #2: \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Email: \_\_\_\_\_

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

List of people who have permission to pick up your child(ren) besides guardians:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you have Insurance: Yes( )/No( ): \_\_\_\_\_

Please list health conditions, illnesses, or allergies the AAGI staff needs be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Please sign and date below to verify the above information is correct.

\_\_\_\_\_

Parent/Guardian Signature

Date

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