



Stars Gymnastics 2019 Summer Fun 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:	

Summer Fun Days Selection:

	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>Week 6</u>	<u>Week 7</u>	<u>Week 8</u>
	<i>June 11&13</i>	<i>June 18 & 20</i>	<i>June 25 & 27</i>	<i>July 9 & 11</i>	<i>July 16 & 18</i>	<i>July 23 & 25</i>	<i>July 30 & Aug 1</i>	<i>Aug 6 & 8</i>
Child 1	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur
Child 2	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur
Child 3	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur	<input type="checkbox"/> Tue <input type="checkbox"/> Thur

Fees are as follows				
1. \$460.00	2&3. \$230.00	4. \$60.00	5. \$30.00	6. \$35.00
All 16 days	8 days	2 days same wk	Single Day Early	Single Day Late

- * 10% Sibling Discount
- * Payment plans are available for options #1-#3.
- * No other discounts or pricing options are available, other than what is stated above.
- * Best Value pricing is only available as stated.
- * Lunch not included. All campers must bring a lunch.
- * All payment plans must be secured with a payment authorization form. Payments not made prior to due date, will be processed automatically with payment card provided.

Your Registration Fees:

	\$ Amount	Initial
Child 1	_____	_____
Child 2	_____	_____
Child 3	_____	_____
Total Due	_____	_____
Discounts	_____	_____
Deposit	_____	_____
Balance	_____	_____
Balance due	Date: _____	_____

Credit card information required if there is a balance due.

Credit card will be processed if cash/check payment is not made on or before date stated above.

Customer Full Name As It Appears On Credit Card Account

Credit Card Number

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★Credit card must be presented

Type:	Expiration:	Zip Code:	CVC:
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Please read: I understand and agree my credit card will be charged for all balances due on my account according to the policies. I also understand and agree I will be charged for those days and weeks I am registering for. Credits, refunds or make up days will not be given for missed days.

Signature _____ Date _____



Stars Gymnastics 2019 Summer Fun Policies and Guidelines

- PARTICIPANTS
 - Must be between the ages of 4 and 14yrs. Must be in good physical condition to handle physical activities.
- PAYMENTS
 - Receive a 10% discount for additional siblings.
 - Payments for 8 or 16 day participation registration, must be made as follows.
 - A credit card authorization form for Summer Fun is required on the registration form, unless tuition is paid in full at the time of registration.
 - Discounted rates are available if payment is made in full, 2 or more days prior to participants start date.
 - Balance due - If a check or cash payment is not received during business hours, 2 business days prior to the upcoming start date, your credit card will be charged.
 - Payment for 1 or 2 day participation, must be made 2 business days prior to attendance. Registration after that time, will result in a slightly higher fee per day.
- ARRIVAL & PICK-UPS
 - Parents may not drop off children outside the gym. Children must be signed in and out daily 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 Summer Fun hours.
 3. Removal from Summer Fun program, without any refund, credit or make up days.
- LUNCH
 - All campers must bring a full lunch. Lunch is not provided. There is a refrigerator available to store lunches and a microwave to warm up lunches 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 camp. 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' Summer Camps Student & Medical Information

(All Information Very Important-Please Fill Out Completely)

Child #1-Name:	DOB:	Age:	M or F
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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
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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 #:
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Cell Phone #:	Work Phone #:
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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:
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Stars Gymnastics' Summer Camps 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:
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