

Carter's Gymnastics Academy
Gymnastics Training Camp
Registration Form

Camper's Last Name _____ Camper's First Name _____

Sex M ___ F ___ Birthdate ____/____/____

Age at Time of Camp: _____ Grade completed at Time of Camp _____

Name of Gym or Club Attending: _____

Name of Coach/Instructor _____

Level competed this past season: Compulsory Level _____ Optional Level _____

Level Competing Next Year: Compulsory Level _____ Optional Level _____

Attending the following Week(s)

Week #1 June 16th – June 20th, 2025 (International, Competitive Team and X-Cel Team all Levels)

Week #2 June 23rd – 27th, 2025 (Competitive Team and X-Cel Team Gold and Up)

Camp begins Monday and ends Friday. Monday Check-In is at 8:45 a.m.

Mailing Address 1: _____ Mailing Address 2 _____

City: _____ State: _____ Zip code: _____

Home Phone _____ Email Address _____

Mother's Full Name _____ Mother's Occupation _____

Mother's Business Phone _____ Mother's Cell Phone _____

Mother's Email Address _____

Father's Full Name _____ Father's Occupation _____

Father's Business Phone _____ Father's Cell Phone _____

Father's Email Address _____

Method of Payment Enclosed Amount \$ _____ Check# _____

Pay Pal Transaction# _____

Parent/Guardian's Signature _____ Date: _____

Gymnastics Training Camp Medical Form

ALL CAMPERS MUST BE COVERED BY THEIR OWN MEDICAL INSURANCE Camper's Insurance Information: Please attach a photocopy front and back of Insurance card.

Camper's Name: _____ Gender: M or F
Address: _____
City: _____ State: _____ Zip: _____
SS# _____ Age: _____ Birthdate _____

EMERGENCY NUMBERS

Mother(s) or Legal Guardian(s): _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email _____

Father(s) or Legal Guardian(s): _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

SECONDARY EMERGENCY CONTACT

If I am not available please contact:

Name: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Relationship To Camper: _____

MEDICAL RELEASE

Insurance Company: _____

Policy #: _____ Subscriber#: _____

Insurance Address: _____

City: _____ State: _____ Zip: _____

Insurance Policy Subscriber's Name _____

Subscriber's Address _____

Does this include dental coverage? _____

Family Physician: _____

Physician Phone Number _____

AUTHORIZATION TO TREAT

I/We hereby acknowledge that I/We am either the parent or legal guardian of _____ (Hereinafter "the camper"). In the event that I am unavailable for purposes of providing parental/guardian consent, I hereby authorize the physician(s) and staff of:

Mercy Gilbert Medical Center
3555 S. Val Vista Dr. Gilbert, AZ
85297
480-728-8000

(or any other Medical Facility deemed necessary by camp staff or staff at the above locations) to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to the camper while enrolled in the Carter's Gymnastics Training Camp. Said medical treatment is authorized may be given without any further prior permission from the undersigned. In lieu of a medical certificate signed by a medical doctor, I certify that I/we have no knowledge of any physical, psychological or mental impairment that would be affected by the camper's participation in The Carter's Gymnastics Training Camp's program.

I also authorize payment of medical benefits for any services furnished to the camper by physicians or staff at the above facilities. I acknowledge that the gymnast/camper is and will be covered by his/her own medical insurance and that all medical expenses incurred will be the responsibility of the camper and the camper's family or guardian(s).

I authorize the release of any medical records needed to provide a continuity of care upon the camper's return to the Carter's Gymnastics Training Camp, the hospitals listed or other medical staff and personnel as needed.

Print Out Parent/Custodial Guardian's Full Name

Date: _____

(Signature and Date)

Date: _____

(Signature and Date)

PAST MEDICAL HISTORY

Does your child have any of the following:

Asthma Bed Wetting Bowel Disorders Bronchitis Constipation Convulsions Diabetes
 Diarrhea Dizziness during exercise Ear Infections Emotional Difficulties Epilepsy/Seizure
 Fainting Frequent Colds Frequent Headaches Heart Disease Heart Trouble
 Hemophilia/Bleeding Disease Hepatitis Liver HIV/AIDS Hypertension If female, Abnormal
Menstrual Cycle Kidney Disease Mitral Valve Prolapsed Nervous/Mental Disorders Respiratory
Disease Rheumatic Fever Rheumatoid/Lupus Seizures Sinusitis Skin Problems Sleep
Walking Sore Throat Ulcer/Stomach Disease

Please provide details if any condition is check
above: _____

Any operations, illnesses, or injuries during the past school
year _____

Other injuries, surgeries, or
limitations: _____

Date of last DPT or DT Booster: _____

Does your gymnast have any current fears relating to gymnastics: Yes No

If so, explain: _____

Does your child have allergies? _____

Medications (List and describe reactions and management) _____

Foods (List and describe reactions and management)

Other Allergies (Poison ivy, insects, hay fever, etc)

Please check the medications camp may administer: Aleve (Sodium Naproxen) Melaleuca
Vitamins/Minerals Tylenol Ibuprofen Antihistamine First Aid Ointment Rip Cream Aloe
Vera Bacitracin Cough Medicine Cough Syrup Cold Tablets

All prescription medications at the camp must be in its original prescription packaging including type of medication, dosage and frequency. Parents may include a note for the condition being treated.

Medications your child will be bringing to camp: _____

I understand the consent and authorization herein granted does not include major surgical procedures except in an emergency situation as determined by medical staff. I understand that I will be contacted in the event that my child is brought to the Hospital/Medical Center for treatment.

Signature: _____ Date _____

GYMNASTICS TRAINING CAMP, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I hereby acknowledge that I am either the parent or legal guardian of: _____ (hereinafter "the camper") IN CONSIDERATION of the camper being permitted to participate in any way, during the time period of any session in the activities at the Carter's Gymnastics Training Camp, located at 7931 E Pecos Rd. Suite #139 Mesa , AZ 85212. Releases include but are not limited to the Carter's Gymnastics Training Camp, Carter's Gymnastics Academy, Inc., Arizona Gymnastics Foundation, Carter's Engineered Gymnastics Equipment, Mercy Gilbert Medical Center, Gateway Hospital, their employees and assigns.

EACH OF THE UNDERSIGNED:

1. HEREBY acknowledges that THE ACTIVITIES AT the Gymnastics Training Camp ARE DANGEROUS AND INVOLVE THE INHERENT RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE. THE ACTIVITIES AT the Carter's Gymnastics Training Camp INCLUDE, BUT ARE NOT LIMITED TO, GYMNASTICS, strength Training, Running, Trampoline, Weight-lifting and other general camp motion, twisting, Running, Trampoline. Weight-lifting and other general camp motion, twisting, rotation and height in a unique environment and as such carries with it the inherent risk of serious injury, paralysis or death. Some of the risks include, but are not limited to less serious injuries such as bruises, sprains or strains, and more serious injuries such as broken bones, dislocations and torn muscles. The risks also include, but are not limited to, catastrophic injuries such as permanent paralysis or even death, which may be caused by landing or falling on the back, neck or head. Paralysis or death may be caused by an injury to the central nervous system or other vital organs.
2. HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE Carter's Gymnastics Academy, Carter's Gymnastics Training Camp, including its directors, officers agents and Employees, all for the purposes herein referred to as "RELEASES," FROM all LIABILITY, to the undersigned and the camper, for any and all loss or damage, and any claims or demands therefore on account of injury to the camper or property or resulting in death arising out of or related to the event(s), whether caused by the negligence of the releases or otherwise.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or, or cost they may incur arising out of or related to the event(s) whether caused by the negligence of releases or otherwise.

4. Hereby assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to the event(s) whether caused by the negligence of releases or otherwise.

5. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releases, including Negligent rescue operations, and is intended to be as broad and inclusive as in permitted by the laws of Arizona, the gymnast's home state and/or any state in the United States. And if any portion of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. HEREBY agrees that the Carter's Gymnastics Academy Training Camp is not responsible for any items that are lost, stolen or damaged.

I have read this release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights on my behalf and also on the camper's behalf by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

(Parent/custodial Guardian Printed Full Name) _____

(Parent/Custodial Guardian Printed Full Name) _____

Date _____

(Signature and Date)

Bring the original of this signed form to camp and mail copy to:

Carter's Gymnastics Training Camp
7931 E Pecos Rd. Suite 139
Mesa, AZ 85212

RETURN MEDICAL FORM TO ACTIVATE ENROLLMENT GYMNASTS MAY NOT PARTICIPATE IN CAMP WITHOUT SIGNED MEDICAL FORM.

Camper's insurance information: Please attach a photocopy of front and back of Insurance card.

Camp Waiver

Please read the camp brochure, registration information carefully, then sign below returning this form to camp. I hereby give the child listed above permission to participate in the camp session(s) marked.

In consideration of the camper being permitted to participate in any way, during the week(s) long period of any session in the activities at the Carter's Gymnastics Academy Training Camp, located at 7931 E. Pecos Rd. Suite 139 Mesa, Az 85212. Completely indemnified releases include but are not limited to the Gymnastics Training Camp. Carter's Gymnastics Academy, Inc. Arizona Gymnastics Foundation, Carter's Engineered Gymnastics Equipment, Mercy Gilbert Medical Center, Gateway Hospital their employees and assigns.

I authorize the staff of the Carter's Gymnastics Academy Training Camp to act for me according to their best judgment in any emergency requiring medical attention when I not be reached to so consent. I hereby release the Carter's Gymnastics Training Camp, Carter's Gymnastics Academy, Inc., Arizona Gymnastics Foundation, Carter's Engineered Gymnastics Equipment and its employees and representatives, from any and all liability for any injuries or illnesses incurred while at Camp.

I understand that participation in the sport of gymnastics and any other related activities Offered in a camp setting involves motion, rotation and height in a unique environment and as such carry with them the risk of serious, even catastrophic injury, including Paralysis and death.

Carter's Gymnastics Academy Inc., The Carter's Gymnastics Training Camp, The Arizona Gymnastics Foundation, Carter's Engineered Gymnastics Equipment and its employees and representatives will not be held responsible for loss, theft or damage or any personal items.

Each camper must be covered by their own or families' insurance policy and any and all medical expenses incurred will be the sole responsibility of the camper and/or their Family.

I understand that the Carter's Gymnastics Training Camp retains all rights to the use of any photos, videos or audio recording taken while at the Gymnastics Training Camp for use in publicity, advertising, and any legitimate business purpose at no at no additional cost or commission.

I am fully aware that it is my responsibility to notify the Carter's Gymnastics Training Camp of any physical, psychological, mental, or situations or disabilities that would affect this camper's participation in any aspect of the camp programs.

I have read and accept all payment, refund, information the above paragraph and the information in this brochure. Each of the undersigned hereby acknowledges that the activities at the gymnastics training camp are dangerous and involve the inherent risk of serious injury and/or death and/or property damage. The activities at the gymnastics training camp include, but are not limited to, gymnastics, strength training, running, trampoline, weight-lifting and other general camp activities. Participation in many of the gymnastics Training Camp activities involves motion, twisting, rotation, and height in a unique environment and as such carries with it the inherent risk of serious injury, paralysis, or death. Some of the risks include, but are not limited to, less serious injuries such as bruises, sprains or strains, and more serious injuries such as broken bones, dislocations, and torn muscles. The risks also include, but are not limited to, catastrophic injuries such as permanent paralysis or even death; which may be caused by landing or falling on the back, neck or head. Paralysis or death may be caused by an injury to the central nervous system or other vital organs.

Undersigned hereby releases, waives, discharges and covenants not to sue the gymnastics Training camp, including its directors, officers, agents and employees, all for the purpose Herein referred to as "releases," from all liability, to the undersigned sand the camper, For any and all loss or damage, and any claims or demands therefore on account of injury To the camper or property or resulting in death arising out of or related to the event(s) Whether caused by the negligence of the releases or otherwise.

Undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability damage, or cost they may incur arising out of or related to the event(s) whether caused by the negligence of the releases or otherwise.

Undersigned hereby assumes full responsibility for any risk of bodily injury, death or property damage Arising out of or related to the event(s) whether caused by the negligence of releasees or otherwise. Undersigned hereby agrees that this Release and Waiver of Liability, assumption of Risk and Indemnity Agreement extends to all acts of negligence by the releasees including negligent rescue operations, and is intended to be as broad and inclusive as in Permitted by the laws of Arizona, the gymnast's home state and/or any state in the United States. And if any portion of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Undersigned hereby agrees that the Carter's Gymnastics Training Camp is not responsible for personal items that are lost, stolen or Damaged.

I have read this release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial medical and legal rights on my behalf and also on the camper's behalf by signing it, and have signed it freely and voluntarily without an inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent allowed by law.

Bring the original of this signed form to camp, scan and email or mail copy to:
cartersgymnasticsaz@gmail.com

Carter's Gymnastics Academy 7931 E Pecos Road Suite 139 Mesa, AZ 85212

Parent/Guardian: _____ Date _____

Parent/Guardian: _____ Date _____