

Carolina Gymnastics Center • Summer Registration Form

Student Information • One Form Per Child

Student's Name: _____ Sex: _____ Age: _____ DOB: ____/____/____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Emergency Phone: _____
 Mother's Name: _____ Cell #: _____ DOB ____ SCDL# _____
 Father's Name: _____ Cell #: _____ DOB ____ SCDL# _____
 Email address: _____ May we communicate with you via email? Yes _____ No _____
 Does student have any allergies/special Instructions? _____

CLASS INFO

Class Code		Class Title		Day:	M T W T H	Time:		Session:	1	2
Class Code:		Class Title		Day:	M T W T H	Time:		Session:	1	2

CAMP INFO

JUNE 22	JUNE 29	JULY 6	JULY 13	JULY 20	JULY 27	AUGUST 3	AUGUST 10
P G F	P G F	P G F	P G F	P G F	P G F	P G F	P G F

P = Preschool G = Gymnastics F = Full Day

PAYMENT INFORMATION:

Auto Draft:						Enrollment Fee		
Yes		No		Checking		Tuition		
				Credit/Debit				
On File?		Y N		Continue Auto?		Y N		Camps
								Total Due
Payment Date:			Payment Type:			Deposit/Tuition Paid		
Attending both Sessions? Yes or No (please circle)							Balance Owed	

Dual Release of Liability Waiver

Name of child participant (if under 18): _____

Name of Parent (or adult participant if over 18): _____

I, we, despite all reasonable precautions implemented for safety, am (are) fully aware of 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 the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Carolina Gymnastics Center (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Carolina Gymnastics Ctr.

Parent Signature (Participant Signature if over 18) _____

Minor Release

Name of Parent/Guardian _____

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of Parent or Guardian _____

Date: _____