

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 #: _____ Work # _____
 Father's Name: _____ Cell #: _____ Work # _____
 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 S	Time:		Session:	1	2
Class Code:		Class Title		Day:	M T W T H S	Time:		Session:	1	2

CAMP INFO

JUNE 21	JULY 12	JULY 19	JULY 26	AUGUST 2	AUGUST 9
PreSchool Gymnastics	PreSchool Gymnastics	PreSchool Gymnastics	PreSchool Gymnastics	PreSchool Gymnastics	PreSchool Gymnastics
M T W T F	M T W T F	M T W T F	M T W T F	M T W T F	M T W T F

(CIRCLE ALL THAT APPLY) \$25 deposit required for each week of camp. **No Autodraft for Camps.**

PAYMENT INFORMATION:

						Enrollment Fee <small>(For classes if not current student)</small>		
						Tuition	Session 1	
							Credit/Debit	
Auto Draft:	Yes	No	Continue Auto?		Y	N	Camp Deposits	
We require 30 days written notice to stop automatic drafting.							Total Due	
Customer Initial _____								
Payment Date:			Payment Type:			Deposit/Tuition Paid		
Attending both Sessions? Yes or No (please circle) Will be charged if not stated.							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, maintenance, training etc.** 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.

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 unsuccessful or ill-fated 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. I also acknowledge that I must give 30 days written notice to withdraw my child from the program.

Signature of Parent or Guardian **Date:** _____

Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Signed _____