

**Carolina Gymnastics  
SUMMER RE ENROLLMENT FORM**

Emp. Init. \_\_\_\_\_

<b>FIRST CHILD</b>	<b>Phone Number:</b> _____
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Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

**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
<u>  M T W T F  </u>	<u>  M T W T F  </u>	<u>  M T W T F  </u>	<u>  M T W T F  </u>	<u>  M T W T F  </u>	<u>  M T W T F  </u>

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

<b>SECOND CHILD (if applicable)</b>	<b>Phone Number:</b> _____
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Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

**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
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<u>  M T W T F  </u>	<u>  M T W T F  </u>	<u>  M T W T F  </u>	<u>  M T W T F  </u>	<u>  M T W T F  </u>	<u>  M T W T F  </u>

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

<b>PAYMENT INFORMATION:</b>						<b>Enrollment Fee</b> <small>(For classes if not current student)</small>		
<b>Auto Draft:</b>	Yes	No			Checking	<b>Tuition</b>	Session 1	
					Credit/Debit		Session 2	
<b>On File?</b>	Y	N	<b>Continue Auto?</b>	Y	N	<b>Camp Deposits</b>		
<b>We require 30 days written notice to cancel automatic drafting.</b>						<b>Total Due</b>		
<b>Customer Initials: _____</b>								
<b>Payment Date:</b>			<b>Payment Type:</b>			<b>Deposit/Tuition Paid</b>		
<b>Attending both Sessions? Yes or No</b> (please circle) Will be charged if not stated.						<b>Balance Owed</b>		

**If any information on record needs to be updated, customer must fill out original enrollment form.**

<b>Dual Release of Liability Waiver</b>	
Name of child participant (if under 18): _____	
<p>I, we, despite all reasonable <u>precautions, maintenance, training etc</u> 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.</p>	
Name of Parent/Guardian (Print) _____	
<p>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 a 30 day written notice to withdraw my child from the program.</p>	
Signature of Parent or Guardian _____	Date: _____
<p><b>Permission to Treat (optional)</b>                  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 _____</p>	