

**Carolina Gymnastics
SUMMER RE ENROLLMENT FORM**

Emp. Init. _____

FIRST CHILD

Student's Name: _____ Age: _____ Birth date: _____

CLASS INFO

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

Class Code: _____ Class Title _____ Day: M T W TH 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

SECOND CHILD

Student's Name: _____ Age: _____ Birth date: _____

CLASS INFO

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

Class Code: _____ Class Title _____ Day: M T W TH 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

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

PAYMENT INFORMATION:						Enrollment Fee	
Auto Draft:		Yes	No	Checking	Credit/Debit	Tuition	
On File?	Y	N	Continue Auto?	Y	N	Camps	
						Total Due	
Payment Date:			Payment Type:			Deposit/Tuition Paid	
Session 1	Session 2	(Circle all that apply)				Balance Owed	

Dual Release of Liability Waiver

Name of child participant (if under 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.

Name of Parent/Guardian (Print)

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:

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 _____