

SportsRock Gymnastics Camp

2510 Michigan Ave Units H & I Kissimmee, FL 34744 407-480-2777

STUDENT'S NAME _____ BIRTH DATE ____/____/____ MALE OR FEMALE
STUDENT'S NAME _____ BIRTH DATE ____/____/____ MALE OR FEMALE
MOTHER'S NAME _____ CELL _____ WORK _____
FATHER'S NAME _____ CELL _____ WORK _____
HOME PHONE _____ EMAIL ADDRESS _____
Address _____ City _____ Zip _____
EMERGENCY PHONE _____ NAME & RELATION _____
HOW DID YOU HEAR ABOUT US? FRIEND SIGN WEBSITE FLYER OTHER _____
PRIMARY HEALTH CARRIER _____ POLICY # _____
PHYSICIAN _____ PHONE _____ DENTIST _____ PHONE _____
LIST ANY AND ALL MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS INCLUDING ALLERGIES _____

PLEASE LIST ALL PERSONS WHO ARE ALLOWED TO SIGN OUT YOUR CHILD FROM CAMP.

Please read the following information carefully, then sign below and return this form to a SportsRock Gymnastics representative.

- Eligibility: I agree to comply with the rules and policies of **SportsRock Gymnastics, Inc (hereinafter, SportsRock)**.
- Medical attention: I hereby give my consent to **SportsRock** to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.
- Waiver and Release: I am 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 gymnastics, cheerleading, martial arts, dance and all related activities and events, as well as the risks involved in transportation to and from camp sponsored activities.
- I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my child's participation I hereby grant permission for my child's likeness to be used in **SportsRock** publicity and/or advertising. It is also understood that no compensation will be given by **SportsRock** for use of pictures or videos.
- I hereby give permission to the representatives of **SportsRock** to transport my child to and from camp sponsored activities.
- I agree that **SportsRock**, and the sponsor of any **SportsRock** event, along with the employees, agents, officers, directors and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event, or in the transportation to and from camp sponsored activities. I assume all risks associated with participation in the sport of gymnastics, cheerleading, trampoline, tumbling, martial arts, and related activities, including any accidental injury that may be sustained as a result of, or incidental to gymnastics, cheerleading, trampoline, tumbling, martial arts and related activities instruction, or transportation to and from camp sponsored activities, now or any time in the future, seen or unforeseen. I hereby release **SportsRock**, its owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **SportsRock**, in or upon the premises of **SportsRock**, or at any camp sponsored activity. **SportsRock** recommends a Doctor's physical for participation in gymnastics and cheerleading for your child's benefit.
- I am fully aware that it is my responsibility to notify **SportsRock** of any physical, psychological, mental or medical disabilities that would affect the camper's participation in any aspect of the camp programs.
- I have read and accept all payment procedures, and all other information provided to me.

Date _____ Parent/Guardian Signature _____