

SPORTSROCK GYMNASTICS

2021 Summer Gymnastics Camp Registration Form

Participant Name _____ Male or Female

D.O.B. ____/____/____ Age _____ **PARTICIPANTS MUST BE 5 YEARS OF AGE ON OR BEFORE SEPTEMBER 1, 2021.**

How did you hear about us? _____ County _____ Grade Fall 2021 _____

Address _____ City _____ Zip Code _____

Mother/Guardian Name _____ Cell Phone _____

Father/Guardian Name _____ Cell Phone _____

Day Phone _____ Primary Email _____

Emergency Contact _____ Relation _____ Phone _____

Emergency Contact _____ Relation _____ Phone _____

Participant's Physician _____ Phone _____

Please indicate any allergies, medical issues or special needs your participant may have. If medication is required during program hours, please see the office to fill out a *Medication Authorization Form*.

Allergies _____

Medical Issues _____

Special Needs _____

Please list all persons who are allowed to SIGN OUT & PICK UP your participant. Your participant will NOT be released unless the pick-up person is listed on this form. An ID will be required on a daily basis to SIGN OUT any participant from camp.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

CAMP OPTIONS INCLUDE... (Early Drop Off @ 7:30am / Late Pick up @ 6pm)	CAMP TUITION	MULTI-WEEK DISCOUNT	SIBLING DISCOUNT
WEEKLY / MONDAY-FRIDAY FULL DAYS 8:30am-3:30pm	\$195.00	\$180.00 ADDITIONAL WEEKS	-\$20.00
WEEKLY / HALF DAYS 8:30am-1pm	\$135.00	NOT AVAILABLE	-\$20.00
DAILY / 8:30am-3:30pm	\$45.00 PER DAY	NOT AVAILABLE	-\$5.00
DAILY / HALF DAYS 8:30am-1pm	\$30.00 PER HALF DAY	NOT AVAILABLE	-\$5.00

WEEKS	DAYS	FULL OR HALF	TUITION	DISCOUNTS	WEEKLY TOTAL
<input type="checkbox"/> #1 June 1-4	T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #2 June 7-11	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #3 June 14-18	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #4 June 21-25	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #5 June 28-July 2	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #6 July 5-9	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #7 July 12-16	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #8 July 19-23	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #9 July 26-30	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____
<input type="checkbox"/> #10 Aug 2-6	M T W TH F	FULL AM / PM	\$ _____	- \$ _____	= \$ _____

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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in **SportsRock Gymnastics, Inc (hereinafter, SportsRock)** classes, programs or special events. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **SportsRock**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

MEDICAL AUTHORIZATION: The parent/guardian authorizes the management and staff of **SportsRock** to act with their best judgment in the event of a medical emergency and/or routine medical care. The parent/guardian grants permission for emergency medical treatment and/or routine medical care by the **SportsRock** staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of the participant and will be reported to the parent/guardian as soon as possible. By signing below, the parent/guardian waives/and/or releases the **SportsRock** staff from any and all liability and/or financial responsibility for any medical expenses incurred.

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

MEDIA RELEASE: I give my permission to **SportsRock** to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family's image or voice for the purpose of promoting or advertising.

CAMP PAYMENT POLICIES:

- All Camp Tuition is DUE BEFORE the FIRST Day of Camp.
- There is a \$25.00 charge for all returned checks.
- There are no refunds for camp days missed. NO make ups for missed days.
- Camp weeks CANNOT be split. There is NO pro-rating for partial weeks.
- Participants may not be left at the facility after 6:15pm.
- Participants left after 6:15pm will be charged an additional \$5.00 for each additional 15 minutes.

DROP OFF AND PICK UP PROCEDURES: The parent/guardian understands that it is their responsibility to come into the facility to SIGN IN their participant in the morning and come into the facility to SIGN OUT their participant before leaving in the afternoon. SIGN IN/SIGN OUT sheets are located at the front desk. An ID will be required on a daily basis to SIGN OUT any participant from camp.

DISCIPLINE: Participants having discipline issues will be subject to 1) a verbal warning, 2) a short time out. Parents will be notified when this occurs. If behavior is not corrected, a parent conference will be called. If after conference behavior is not corrected, the participant could be asked to leave the program.

LOST ITEMS: Please do not let participants bring valuables into the **SportsRock** facility. We do understand that some participants have cell phones, and we provide cubbies in the gym area for our participants to put their shoes, socks, phone, etc. **SportsRock** is NOT responsible for participants belongings and will NOT be held liable for lost or stolen items.

PARENTAL CONSENT: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

RULES, POLICIES, PROCEDURES AGREEMENT: I have also RECEIVED AND READ A COPY of the **SportsRock** RULES, POLICIES, PROCEDURES AND AGREE TO ADHERE TO THEM, INCLUDING NO REFUNDS.

PRINTED NAME OF MINOR PARTICIPANT _____

PRINTED NAME OF PARENT / GUARDIAN _____

SIGNATURE OF PARENT / GUARDIAN

DATE

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