



SEYMOUR GYMNASTICS CENTER

SUMMER GYMNASTICS CAMP REGISTRATION FORM

July 16-20, 2018 10 AM – 2 PM

Please print clearly.

Free Tee!

GYMNAST NAME: _____

DATE OF BIRTH: _____

AGE: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE/ ZIP: _____

TEE SIZE: YS YM YL S M L

EMERG CONTACT: _____

EMERG. PHONE: _____

RELATIONSHIP TO GYMNAST: _____

EMAIL ADDRESS: _____

Please indicate gymnast's skill level by rating them between 1 and 10 (1 being beginner and 10 being advanced): _____

(Example: Emily has never taken a gymnastics class, so her rating is a 1; Kate has taken a few gymnastics classes and can do a cartwheel, so her rating is a 5; Allison is on pre-team and can do a round-off back handspring, so her rating is a 10.)

Does your gymnast have any allergies or medical conditions we should be aware of?

How did you hear about this camp? _____

Attached is my cash or check (made out to: Seymour Gymnastics Center) for:

_____ \$75 (NON REFUNDABLE**)

Payment due by Monday, July 9, 2018

****PLEASE RETURN THIS FORM ALONG WITH YOUR PAYMENT TO
GIRLS INC. (956 N. O'Brien Street) ****

Questions? Contact Missy Perry at mperry@girlsincjackson.org

Sign waiver on back!





SEYMOUR GYMNASTICS CENTER

WAIVER & RELEASE INFORMATION

I fully understand that Seymour Gymnastics Center (SGC) by Girls Incorporated staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the SGC by Girls Incorporated staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the SGC by Girls Incorporated staff to call our doctor and to seek medical help, including transportation by a SGC by Girls Incorporated staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should by the SGC by Girls Incorporated staff deem this to be necessary.

We, the staff of SGC by Girls Incorporated recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, and dance can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. The SGC by Girls Incorporated, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling or dance instruction, or open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate while traveling to or from an event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by SGC by Girls Incorporated. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against SGC by Girls Incorporated and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parents' feel is appropriate. SGC by Girls Incorporated will only warn the child through "Safety Messages" and our teaching style and progressions.

I have read and understand the Waiver & Release information and the Policies and Procedures information. The signing of this form affirms that a parent or guardian has read information regarding Seymour Gymnastics Center by Girls Inc. Payment Policies, Gym Policies, Insurance Fees, Membership Dues, Gymnastics Dues, and our Mission Statement. Signing of this form also affirms that I give permission for my child to participate in SGC by Girls Inc. gymnastics and I agree to all the conditions on behalf of my child.

PARTICIPANT'S NAME _____
(Please print)

SIGNATURE _____ DATE _____ (Parent or Guardian)

