

# Camp Registration

Cost \$250.00

Student's Name: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Primary Medical Insurance: \_\_\_\_\_  
Primary Care Doctor: \_\_\_\_\_

DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Phone: \_\_\_\_\_

**ASSUMPTION OF RISK:** Participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it a reasonable assumption of risk. With the forgoing in mind, we the customers carry what we feel are adequate insurances against any and all losses.

**RELEASE AND WARNING:** I understand that in order to safely instruct students through skills, spotting may be required. Spotting consists of placing an instructor's hands on the student's body to either assist a student during a skill or to prevent injury. By the very nature of the activity, gymnastics and related cross-training activities carry a risk of physical injury. No matter how careful the student and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. The risk of injuries includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. Gymnastics or any activity that involves motion, rotation, and height in a unique environment carries with it a reasonable assumption of risk. Technique Gymnastics, LLC is bound by the law to inform all participants and their parents or guardians of the risk involved with the activity of gymnastics. Anyone participating in the Technique Gymnastics, LLC's programs (along with those legally responsible for the participant) must sign the notice on the application, and must adhere to the safety rules governing the gymnasium. Those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such said student and further agree to save and hold harmless Technique Gymnastics, LLC, its employees and all other concerned and to indemnify them against loss. By signing below, I acknowledge the above release and agree to abide by the Rules and Regulations as set forth.

**Technique Gymnastics, LLC does not carry medical insurance for any participants. You must carry what you feel is adequate medical insurance to cover any possible injury!**

In the event of an injury, I agree to permit Technique Gymnastics, LLC to take appropriate actions as deemed necessary in an emergency.

I understand and accept that Technique Gymnastics, LLC is not responsible for any loss or damage to any personal property brought onto the premises, on field trips, or at meet sites.

I understand that Technique Gymnastics, LLC retains the right to use any photographs, video recordings, or any other record for Technique Gymnastics, LLC's website, Facebook, advertising, or any legitimate purpose in compliance with COPPA. My signature confirms that I understand and agree that my child's picture (without name) may be used on publicly accessible areas of Technique Gymnastics' website and/or other advertising media.

**PAYMENT POLICIES: Payment is due in full by August 16<sup>th</sup>, 2018.**

**Credit card info: (circle one)    Visa    Discover    MasterCard**

Name on account: \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_