

Registration Form

Summer Camp Please print clearly & fill out all information 2022

Date Shirts						
Deposit/Tuition Fee						
Registration						
Total to start						

Parent (1) Name	ent (1) Name Parent (2) Name					
Address		City		Zip		
Parent (1) cell #	Parer	Parent (2) cell #				
Driver Lic #	Email	Address				
Emergency contact		Emergency Ph	none #			
Authorized alternate person(s) to pick up	/				
1st Child's name		Age	DOB	T-shirt size		
2 nd Child's name		Age	DOB	T-Shirt Size		
Allergies to drugs or food		Special medic	ations	1 21111 2120		
Family Physicians	Phone #	special medic	utions			
			<u> </u>			
Insurance Co. & Policy #						
•	MPTION OF RISK; AND INDEMNITY AGREEN	,				
	f this activity and that I am qualified, in goo		•			
=	ions are unsafe or I am unable to safely per		•			
	te and agree, that this activity involves risks					
	or inactions, those of others participating ir					
the Releasees named below; and that the	e may be other risks either not known to n	ne or not readily foresee	able at this time; and I f	ully accept and assume all such		
risks and all responsibility for losses, cost,	and damages I incur as a result of my partic	cipation in the activity.				
I further acknowledge, understand, appre	ciate and agree that my participation may r	esult in possible exposur	re to and illness from in	fectious diseases, including, but		
	ID-19. While particular rules and personal of					
knowingly and freely assume all such risks	, both known and unknown, even if arising	from the negligence of t	he releasees or others,	and assume full responsibility for		
my participation and exposure.						
	not to sue your business, it's administrator	-				
	d, if applicable, owners and lessors of the p					
,	ns, demands, losses, damages, on my acco	•				
	nt rescue operations and further agree tha	•	•			
	e RELEASEES, I will indemnify, defend, and	noid narmiess each of tr	ie keleasees from any	loss, liability, damage, or cost,		
which any may incur as the result of such	LIABILITY, ASSUMPTION OF RISK AND INDE	MANITY ACREEMENT and	Llundarstand that I have	o givon un substantial rights hy		
	hout any inducement or assurance of any r					
	e that if any portion of this Agreement is he		•			
effect.		,	,			
Printed name of participant(s)						
	nd promise that I am the minor's parent an	d/or legal guardian, and	on hehalf of myself and	the minor understand the		
	and the minor's experience and capabilities					
	and/or infectious diseases, for myself and n		· · · · · · · · · · · · · · · · · · ·	•		
	ant not to sue and AGREE TO DEFEND, INDE		•			
	's or my account caused or alleged to have			•		
	ed to injury, negligent rescue oper					
• •						
	I, the minor, or anyone on the min			·		
	IOLD HARMLESS each of the RELEA		ation expenses, att	orney fees, loss liability,		
damage, or cost which any RELEA	SEE may incur as the result of any s	such claim.				
	ts until I have notified All Around Gymn	astics Academy of my	intentions to discontin	ue the program. I will also		
pay any late fees I acquire Parent Init I give my permission for my child/child	al ren to travel in vehicles driven by All Arc	ound Gymnastics Acad	emy employees. Pare	ent Initial		
Parent Signature		Date				