



TRADITIONAL SUMMER CAMP REGISTRATION AND CONSENT FORM

Camper 1 Name _____ DOB: _____ ___ Male ___ Female

Camper 2 Name _____ DOB: _____ ___ Male ___ Female

Camper 3 Name _____ DOB: _____ ___ Male ___ Female

Home Address: _____

Special Circumstances

Please use the space below to inform Langley Gymnastics of any special circumstance(s) which may affect the applicant's ability to participate fully and within the guidelines of acceptable behavior as well as any food/medication allergies and or physical or mental limitations.

Family Information (check parent to contact for payment and other questions)

___ Mother/guardian's name _____

Home _____ Work# _____ Mobile# _____

E-mail address _____

___ Father/Guardian's name _____

Home _____ Work# _____ Mobile# _____

E-mail address _____

Emergency Information

EMERGENCY CONTACTS OTHER THAN Mother, father or guardian listed above:

Name _____ Relationship to Child _____ Contact # _____

Name _____ Relationship to Child _____ Contact # _____

Name _____ Relationship to Child _____ Contact # _____

LIST INDIVIDUALS WHO HAVE PERMISSION TO PICKUP CHILD:

LIST INDIVIDUALS NOT ALLOWED TO PICK UP CHILD:

Permission to Attend Activities outside of the Langley Facility

I hereby grant permission for my son/daughter _____, to attend all field trips and other out outings including the Angier Park. This includes permission to transport my son/daughter to and from the field trips. I understand these activities will be chaperoned by instructors of Langley Gymnastics Training Center.

Printed name of Parent/or Legal Guardian

Date: _____

**LANGLEY'S RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in the activities that Langley Gymnastics Training Center LLC. conducts within the building and beyond the grounds of the gym, which includes gymnastics, cheerleading, dance, tumble, aerobics, summer camp and any other activity that involves motion. 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 Langley Gymnastics Training Center LLC, 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 any may incur as the result of such claim.

***Personal Awareness:** Langley's follows all CDC recommendations when it comes to communicable diseases and common bacteria prevention found in settings such as the Gymnastics training area. Langley's does have a sick policy to ensure that students and staff do not expose others unnecessarily. The guidelines that the CDC and WHO established to reduce the risk of these bacteria are followed at all times. These preventive measures do include the prevention of the common cold bacteria and other bacteria that can cause other major or minor illnesses. I as the undersigned and responsible party for my child athlete will not hold responsible the coaching staff or owner of LGTC or any other governing body such as USA Gymnastics for any illness that is found to have originated or that I or my child contracted at LGTC.

Photo Usage: I permit Langley Gymnastics Training Center LLC to use images of my child in internal and external promotion material. This includes any printed material, broadcast and print advertising, promotional videos and the Langley Gymnastics Training Center LLC website which are produced or published by Langley Gymnastics Training Center LLC. I also permit Langley Gymnastics Training Center LLC. to use images of my child in broadcast and print media news coverage of Langley Gymnastics Training Center LLC.

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 hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

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.

_____	_____	_____
Printed name of Child #1	Printed name of Child #2	Printed name of Child # 3
Address _____		
Contact Number _____	Email Address: _____	
_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Dated

SUMMER 2021	FULL TIME \$130 5 Days a week CHECK THE WEEKS ATTENDING 2 siblings - \$240/week	PART TIME TRADITIONAL DAY CAMP \$35 a day CHECK THE DAYS YOU ARE ATTENDING EACH WEEK. Hours: 7:30 am to 6:00 pm if known 2 siblings - \$60/Day	SPECIALITY CAMPS \$160 per child per week PART TIME NOT AVAILABLE! CIRCLE CAMP YOU ARE ATTENDING Hours: 9 am to 12 pm FREE before & aftercare available 2 siblings - \$300/week
June 3-4	<input type="checkbox"/> \$130	<input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Just Traditional Camp This Week
June 7-11	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Tumbling Camp \$160 Ninja Camp \$160
June 14-18	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Gymnastics Camp \$160
June 21-25	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Tumbling Camp \$160 Ninja Camp \$160
June 28-July 2	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Gymnastics Camp \$160 Softball & Baseball Camp \$160
July 6-9	<input type="checkbox"/> \$130	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F Closed Monday, July 5 th \$35/day	Just Traditional Camp This Week
July 12-16	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Tumbling Camp \$160 Ninja Camp \$160
July 19-23	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Gymnastics Camp \$160
July 26-30	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Tumbling Camp \$160 Ninja Camp \$160
August 2-6	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Gymnastics Camp \$160
August 9-13	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Tumbling Camp \$160 Ninja Camp \$160
August 16-20	<input type="checkbox"/> \$130	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$35/day	Gymnastics Camp \$160

PAYMENT METHOD – Payment due at the time of drop-off each day or week. **Even if you are Self-Pay we are requiring Mandatory Credit Card on file!** Please choose one:

AUTOMATICALLY- charge my Credit Card for account at the time of drop-off each week or day

WEEKLY SELF-PAY PLAN – I will pay by Check, Cash or Credit Card on my own. If payment is not received by the end of the week I agree to have my credit card on file run for amount due.

Required: Card # _____ Expiration Date: _____

By signing below you acknowledge our above referenced policy.

Applicant Signature: _____

Date: _____



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