

**SUMMER ENROLLMENT FORM DUE WITH FIRST WEEK'S PAYMENT. Additional weeks and before/after care due 1st day of week.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**Phone Numbers**

PARENTS: Mom: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Dad: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

Name and Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL LIMITATIONS/ ALLERGIES:** \_\_\_\_\_

*If your child has a food allergy, please pack them a snack.*

Student's Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Primary Medical Insurance Carrier & #: \_\_\_\_\_

**Tri-Town Waiver and Parents, Students and Coaches/Instructors Understanding:**

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics. I release Tri-Town Gymnastics, Centre along with the employees, agents, officers, and directors of Tri-Town Gymnastics, Centre (collectively the "Released Parties") from any claims, losses or damages arising from or in any way connected with my participation in gymnastics, including claims, losses or damages arising from or occurring as a result of the negligence of any one of the Released Parties, but not including losses or damage occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle weeks or days:**

**Mon July 8 to Fri July 12**

	Mon	Tues	Wed	Th	Fri	
Circle	1/2 or Full	1/2 or Full	1/2 or Full	1/2 or Full	1/2 or Full	<b>Before/After</b>
	Team pm Team pm					# Hours
Before care						x \$5/hr
After care						x \$5/hr

**Mon July 15 to Fri July 19**

	Mon	Tues	Wed	Th	Fri	
Circle	1/2 or Full	1/2 or Full	1/2 or Full	1/2 or Full	1/2 or Full	<b>Before/After</b>
	Team pm Team pm					# Hours
Before care						x \$5/hr
After care						x \$5/hr

**Mon July 22 to Fri July 26**

	Mon	Tues	Wed	Th	Fri	
Circle	1/2 or Full	1/2 or Full	1/2 or Full	1/2 or Full	1/2 or Full	<b>Before/After</b>
	Team pm Team pm					# Hours
Before care						x \$5/hr
After care						x \$5/hr

**Mon July 29 to Fri Aug 2**

	Mon	Tues	Wed	Th	Fri	
Circle	1/2 or Full	1/2 or Full	1/2 or Full	1/2 or Full	1/2 or Full	<b>Before/After</b>
	Team pm Team pm					# Hours
Before care						x \$5/hr
After care						x \$5/hr

**Circle Level**

Beg I Beg II Interm Team

Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

**Yearly Insurance Fee \$35 New Students Only**

Insurance Fee	Check#/Cash or Credit card receipt #
Week 1	
Week 2	
Week 3	
Week 4	
<b>Total Payment Due</b>	
Balance	

Received Date: \_\_\_\_\_

Half Day
9-12:30 pm
<b>\$55 per day</b>
<b>\$160 - 3 day wk</b>
<b>\$195 - 4 day wk</b>
<b>\$230 - 5 day wk</b>

ACTIVITIES FEES ARE ADD'L
9-3 pm <b>Full Day</b>
<b>\$75 per day</b>
<b>\$210 - 3 day wk</b>
<b>\$250 - 4 day wk</b>
<b>\$300 - 5 day wk</b>

Tshirt size: \_\_\_\_\_

Photo permission? Circle YES or NO  
 Booster seat? Circle YES or NO  
 Please provide booster  
 Passenger seat? Circle YES or NO

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, 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 TRI-TOWN GYMNASTICS, CENTRE, 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 part by the negligence of the "releasees" or otherwise, including negligent rescue operations, and further 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.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT and 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.

\_\_\_\_\_  
Print name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of participant

#### 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 Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
Print name of Parent/ or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ or Legal Guardian