



435 Washington Street
Suite 102
Collierville, TN
901-861-8468

**2021 Holiday Camp
Registration Form
Winter Break**

Camper's Name: _____ Sex: _____ DOB: _____ Grade _____

Home Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Emergency Number: _____

Please check (√)

Dates Attending: _____ Mon. 20th _____ Tues. 21st _____ Wed. 22nd

_____ Mon. Dec. 27th _____ Tues. Dec. 28th _____ Wed. Dec. 29th

_____ Thurs. Dec. 30th _____ Fri. Dec. 31st until 4 pm

Times:

_____ Full day (9-4) _____ ½ Day (9-12) _____ ½ Day (1-4) _____

_____ Before Care (7:30-9) _____ After Care (4:00 – 6:00)

Fee \$ _____ Amount Paid: \$ _____ Balance Due: \$ _____

Payment Information: _____

Registration Policies: Please initial next to each policy.

- **Return Check Policy:** \$30 service charge on all return checks. _____
- **Refund Policy:** No refunds of Registration fees or tuition. _____
- **Pick up Policy:** Campers must be picked up by 6:00 pm or you will be charged \$1 for every minute you are late to pick up your child. This policy will be strictly enforced!! _____
- **Swap Policy:** Swapping or switching of days will only be permitted if there is room in the camp you are switching to and the decision will be left up to the office staff. If you do not attend the days enrolled, you will still be held financially responsible for weeks/days committed to on this form. _____

* Must Sign Medical Liability Form on Back*



GYMSTARS, LLC
REGISTRATION FEES * MEDICAL INFO *ASSUMPTION OF RISK
LIABILITY WAIVER * PHOTO RELEASE * MEDICAL AUTHORIZATION

★READ CAREFULLY BEFORE SIGNING★

Medical Information:

Emergency contact _____ Relationship to child _____ Phone _____
Allergies and/or Medical Conditions _____
Any medications your child is taking _____
Doctor _____ Phone _____ Preferred hospital _____
Medical Insurance Company _____ Policy or Group # _____

In consideration for the acceptance of _____ as a Class student at Gymstars (from here on referred to as the Gymstars) and in recognition of the fact that certain risks pertaining to personal injury are inherent and involved in the sport and training of gymnastics, dance, and/or cheer, the following is expressly agreed and understood by all parties.

1. Student and undersigned parent(s) or guardian(s) agree and acknowledge (I) that the entire risk of personal injury to the student is assumed by the student and parent(s); (II) that any and all claim, demand, liability or cause of action, whatever, arising out of any such personal injury are waived by the student and parent(s) or guardian(s) and the undersigned release and by the Gymstars who engage and assist in the instruction of gymnastics, dance, and/or cheer, (III) the student and the undersigned parent(s) or guardian(s) will indemnify and hold harmless the Gymstars, and its employees, against, servants and all other persons, firms or corporations of and from any and every claim or demand of every kind or character, which may be asserted by reason of injury; (IV) that the Gymstars, its employees, and all other authorized Gymstar personnel waive any claim may have for personal injury which may cause in whole or part by the student.
2. This agreement applies to any and all personal injuries, accidents or events which may occur at any one of more time while the student is enrolled in the Gymstars, including, but not limited to the following: while traveling to and/or from, present at, participating any and all instructional classes, practice sessions, exhibitions, clinics, and/or competitions or events.
3. I recognize that severe injuries, including, permanent paralysis or death can occur in sports or activities involving height or motion, these activities including, but not limited to, gymnastics, tumbling, trampoline, acro skills, dance, cheerleading, ball sports. Being fully aware of these dangers, I hereby give consent for my, child(ren) to participate in any and all Gymstar gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my or my child(ren) to participate I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Gymstars; It's officers, directors, shareholders, employees, contractors and volunteers, from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.
4. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation. I hereby grant my permission for my child's likeness to be used in Gymstars publicity or advertising.
5. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Gymstars and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at or for Gymstars.
6. I understand that if collection becomes necessary, I will be responsible for all collection fees, attorney fees, and/or administrative costs of up to 35%. I will also be responsible for paying all finance charges as well as any and all fees associated with collection.

BY SIGNING THIS AGREEMENT, I/WE ACKNOWLEDGE THAT WE HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND THE INTENT OF THIS AGREEMENT AND AGREE TO BE LEGALLY BOUND BY THE TERMS AS STATED ABOVE.

Parent/Guardian's _____ Date _____
Signature

Employee Signature _____ Date _____