



**2022 Summer Day Camp
Registration Form
May 31st – July 29th**



435 Washington St. Suite 102
Collierville, TN 38017
901-861-8468

_____ Member _____ Non-Member
_____ Returning Camper _____ New Camper

Full Day (9am-4pm): _____ ½ Day (9-12:30) _____ or (12:30-4) _____

Full Day with Extended Care (7:30-6): _____

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

Sibling Name: _____ Sex: _____ DOB: _____ Grade: _____

Sibling Name: _____ Sex: _____ DOB: _____ Grade: _____

Home Phone: _____ E-mail: _____

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

Referred by: _____

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

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

Emergency Contact: _____ Emergency Number: _____

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 4:00 pm (or by 6:00 pm if in extended care) or you will be charged \$5 for the first minute you are late to pick up your child and \$1 every minute after that. 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. _____
- **Payment Policy:** Payment is due on Monday of each week. Failure to pay on Monday will result in a \$10 late fee. _____

***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 _____
Employee Signature _____ Date _____

Payment Information: Name _____

Week 1 “Kick off Summer Week” – May 31st – June 3rd (NO Monday) Pizza & Ice cream \$5 Y or N

Circle Days Attending T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____

Week 2 “Color Week”- June 6th- June 10th Pizza & Ice cream \$5 Y or N

Circle Days Attending M T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____

Week 3 “Rainforest/Animals Week”- June 13th – June 17th Pizza & Ice cream \$5 Y or N

Circle Days Attending M T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____

Week 4 “Under the Sea/Water Week” - June 20th – June 24th Pizza & Ice cream \$5 Y or N

Circle Days Attending M T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____

Week 5 “Adventure Week”- June 27th – July 1st Pizza & Ice cream \$5 Y or N

Circle Days Attending M T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____

Week 6 “Superhero/Disney Week”- July 5th- July 8th Pizza & Ice cream \$5 Y or N

Circle Days Attending T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____

Week 7 “Pajama Week”- July 11th- 15th

Pizza & Ice cream \$5 Y or N

Circle Days Attending M T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____

Week 8 “Aloha Week”- July 18th – July 22nd

Pizza & Ice cream \$5 Y or N

Circle Days Attending M T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____

Week 9 “Olympic Week”- July 25th- July 29th

Pizza & Ice cream \$5 Y or N

Circle Days Attending M T W TH F

Before Care: Y or N after care: Y or N

Amount of Camp _____ + before/after care _____ = total due _____

Deposit amount = _____ date paid _____ ck# _____

Total amount _____ - deposit _____ - discounts _____ = balance due _____

Balance paid = _____ date paid _____ ck# _____ cc _____