

**RGTC GYMNASTICS DAY CAMP
SUMMER 2011**

LAST NAME: _____ CHILD'S FIRST NAME: _____

SEX: FEMALE MALE AGE: _____ DOB: ____/____/____

T-SHIRT SIZE: (CIRCLE ONE) CS CM CL AXS AS AM AL AXL

PARENT'S NAMES: _____ HOME PHONE #: _____

MOTHER'S CELL: _____ FATHER'S CELL: _____

CAMP FEES: \$200 per week – New members must pay a \$15 registration fee the first week of camp

CAMP DATES: Mark the weeks you will attend with a ✓.

- | | |
|---|---|
| <input type="checkbox"/> Full <input type="checkbox"/> Half Week #1: June 13-17 | <input type="checkbox"/> Full <input type="checkbox"/> Half Week #6: July 25-29 |
| <input type="checkbox"/> Full <input type="checkbox"/> Half Week #2: June 20-24 | <input type="checkbox"/> Full <input type="checkbox"/> Half Week #7: August 1-5 |
| <input type="checkbox"/> Full <input type="checkbox"/> Half Week #3: June 27-July 1 | <input type="checkbox"/> Full <input type="checkbox"/> Half Week #8: August 8-12 |
| <input type="checkbox"/> Full <input type="checkbox"/> Half Week #4: July 11-15 | <input type="checkbox"/> Full <input type="checkbox"/> Half Week #9: August 15-19 |
| <input type="checkbox"/> Full <input type="checkbox"/> Half Week #5: July 18-22 | |

DEPOSIT INFORMATION: A non-refundable deposit of \$50 for each week must accompany this completed form

MEMBER

NON-MEMBER

(SIGN PERMISSION TO TRANSPORT ON BACK)

(COMPLETE REMAINDER OF FORM)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

MOTHER'S EMPLOYER: _____

WORK #: _____

FATHER'S EMPLOYER: _____

WORK #: _____

FOR OFFICE USE:

DATE REGISTERED: ____/____/____

METHOD OF PAYMENT: _____

AMOUNT PAID: _____

PAID FOR: _____

STAFF INITIALS: _____

WEEKS ATTENDING - 1 2 3 4 5 6 7 8 9 10

ROSE'S GYMNASTICS TRAINING CENTER MEDICAL RELEASE FORM

My child _____ has had a physical by a medical doctor recently enough for me to know he/she is physically able to participate in gymnastics and other physical activities. I have listed any problem you should be aware of below. (Please not any allergies or special problems your child may have so we can better serve his/her needs.)

Date: _____ Parent/Guardian Signature: _____

I hereby give my consent to Rose's Gymnastics Training Center and its staff to provide through a medical staff of its choice, customary medical/athletic training attentions, transportation, and emergency medical services as warranted in the course of my child's participation in gymnastics activities with Rose's Gymnastics Training Center.

Date: _____ Parent/Guardian Signature: _____

ATTENTION: This is a warning statement. Please read carefully!

Gymnastics is a popular and fun sport. However, as in all athletic activities, there is a risk of physical injury involved. No matter how careful the gymnast, coach, or instructor is, no matter how many spotters are used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

The gymnastic equipment at RGTC meets all safety regulations and standards. We conduct regular safety checks and do regular maintenance procedures to insure the proper standards at all times. All safety aspects of the program are of prime importance to us at RGTC. All of the instructors will follow specific guidelines for skills progressions and safe spotting techniques. All safety regulations will be strictly enforced to insure the well being of your child. We promise to do everything we can to make each and every one of your child's lessons as safe as possible.

ROSE'S GYMNASTICS TRAINING CENTER RELEASE FORM

I _____, the parent/guardian of _____, understand the risks inherent in participating in any physical activity such as gymnastics. I am willing to assume this risk and all aspects of this risk and so hereby give my consent for _____ to participate in activities at Rose's Gymnastics Training Center. I agree that Rose's Gymnastics Training Center along with its employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of my child's participation in gymnastics activities at Rose's Gymnastics Training Center.

Date: _____ Parent/Guardian Signature: _____

**PERMISSION TO TRANSPORT TO OUTSIDE ACTIVITIES FROM ROSE'S GYMNASTICS TRAINING CENTER
TRANSPORTATION PROVIDED BY RGTC**

I hereby give permission to Rose's Gymnastics Training Center and its designated staff members to transport my child _____ to and from Rose's Gymnastics Training Center for camp activities. I realize the children are being transported by bus or van and will be strapped in standard safety seats and belts during all transport.

Date: _____ Parent/Guardian Signature: _____

Rose's Gymnastics Training Center
Medical History for Gymnastics Day Camp

Child's full name _____

Emergency numbers:

Name _____

Phone Number(s) _____ Cell #: _____

Relationship to child _____

Health/Accident Insurance Company _____

RGTC Gymnastics Day Camps are designed to provide a variety of physical activity during the week. In order to give your child the best care possible, please answer the following questions. Speak with a camp staff member with any concerns or information that would help your child enjoy their camp experience with us.

Has the child been subject to any of the following? (Check if yes)

Allergy to any medication, plant, animal or insect toxin _____

Asthma _____

Convulsions _____

Dental problems _____

Diabetes _____

Earaches _____ Swimmers ear _____

Fainting spells _____

Fears of any kind _____

Food allergies _____

Heart trouble _____

Motor skills _____

Nosebleeds _____

Speech _____

Vision _____ glasses ___ contacts ___

Any other condition that may require special care of any kind? _____

Any condition now requiring regular medication? _____

Name of medication _____

If medication needs to be given during camp please see the camp director for the release form.

Any restriction of activity for medical reasons? _____ If yes, explain _____

Immunizations up to date yes ___ no ___

If no please explain _____