

**RGTC PRESCHOOL CAMP  
SUMMER 2010**

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:** \$95 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 ✓.

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|---|--|
| <input type="checkbox"/> Week #1: June 14, 16, 18<br><i>Disney Delight</i>            | <input type="checkbox"/> Week #5: July 19, 21, 23<br><i>The Pirates of Gymnastics</i>  |
| <input type="checkbox"/> Week #2: June 28, 30, July 2<br><i>It's a Jungle in Here</i> | <input type="checkbox"/> Week #6: July 26, 28, 30<br><i>Nick Junior Gym Fun</i>        |
| <input type="checkbox"/> Week #3: July 5, 7, 9<br><i>The Royal Princess Party</i>     | <input type="checkbox"/> Week #7: August 2, 4, 6<br><i>The Dog days of Summer</i>      |
| <input type="checkbox"/> Week #4: July 12, 14, 16<br><i>Summer Beach Blast</i>        | <input type="checkbox"/> Week #8: August 9, 11, 13<br><i>Tinkerbelle &amp; Friends</i> |

**DEPOSIT INFORMATION:** A non-refundable deposit of \$35 for each week must accompany this completed form

MEMBER

NON-MEMBER (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

**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.)

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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: \_\_\_\_\_