

ALL AMERICAN GYMNASTICS

Summer Camp Waiver

PLEASE READ BEFORE SIGNING

REGISTRATION: A \$35 Non-refundable Insurance/Registration Fee is due upon registration for all **NEW STUDENTS (ANYONE WHO PAID REGISTRATION THIS PAST SCHOOL YEAR IS NOT NEW)** Also a **NON-REFUNDABLE DEPOSIT OF \$60 IS REQUIRED UPON REGISTRATION.**

TUITION: Balance for Camp week or weeks attending must be paid in full a week before your camper starts.

ATTENDANCE: There are **NO Makeup's, Refunds or credits given for Camp under any circumstances.**

AGREEMENT:

- 1. Eligibility:** I agree to comply with the rules at All American Gymnastics.
- 2. Readiness to participate:** I will only participate in those All American sessions, events, competitions and activities for which I believe I am physically and psychologically prepared.
- 3. Medical Attention:** I hereby give my consent to All American and/or the Host organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
- 4. Waiver and Release:** 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 the participation in gymnastics activities and events. I further agree that All American and the sponsor of any All American event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses of personal items or damages occurring as a result of my participation in the event. As legal parent/guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in sessions, events, competitions, and activities conducted All American Gymnastics.

Camper's Names: (Please Print) 1. _____ 2. _____
3. _____ 4. _____

Print Name Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

E-Mail Address: _____

Emergency Phone # _____