

2019 Camper Personal Information and Registration Form

The following form must have each section completed to the best of your knowledge. **By signing, you agree to all provisions and covenants contained in this application.** Our staff will keep this form and its contents confidential.

Name of Child: _____ Age: _____ Date of Birth: _____ Shoe Size _____
Name of Child: _____ Age: _____ Date of Birth: _____ Shoe Size _____
Name of Child: _____ Age: _____ Date of Birth: _____ Shoe Size _____

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

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

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

Email Address: _____

(You will not be sent junk mail by submitting your email. We will send you monthly newsletters, reminders and any coupons regarding the gym and/or programs)

Emergency Contact (other than parents): _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Does your child have any allergies we should be aware of? Yes No

If yes, please explain: _____

(Please Note: We can administer medication during camp hours if needed. Medication must be checked in with camp staff for safe lock up and with a note concerning dosage amount and time.)

Does your child take any medication on a regular basis? Yes No

If yes, please explain: _____

Does your child currently take a class in one of our programs? Yes No

If yes, what day and time does your child have class? _____

Summer Camp Registration Only: Is your child able to swim without assistance? Yes No

(Please Note: If your child needs assistance with swimming, please pack whatever floats/life jackets your child will need on swim days)

Please list anyone who is allowed to pick your child up from camp other than parents. (Please Note: Until staff become aware of who you/others on your pickup list are, all will have to show proper identification for us to release your child from camp)

* Should you need to add other names to your child's pick up list please call our office at any time.*

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____



PLEASE CHECK THE BOX OF THE CAMP THAT YOU ARE REGISTERING FOR:

Spring Break Camp-Week 1 Fall Break Camp-Week 1 Summer Camp Week 1 2 3 4 5 6 7 8 9

Christmas Camp Fall Break Camp-Week 2 Other Camp: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in any activity at VICTORY GYMASTICS, LLC, doing business as Victory Sports Center. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue VICTORY GYMNASTICS LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY

AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____
Printed name of participant

_____ Date: _____
Printed name of participant

_____ Date: _____
Printed name of participant

Signature of participant (Over the age of 18yrs/old)

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian