

High Performance Gymnastics 2012 Camp Registration Form

Child's First Name _____ Child's Last Name _____

Address _____ City _____ State _____ Zip _____

Age _____ Sex _____ Date of Birth _____ Home Phone _____

Mother's Name _____ Cell _____ Work _____

Father's Name _____ Cell _____ Work _____

Mother Email _____ Father Email _____

Emergency Contact _____ Phone _____

Does your child have any medical conditions or allergies of which we should be aware? _____

Is there anything else you want us to know about your child? _____

*****PLEASE NOTE MEDICATION CANNOT BE ADMINISTERED BY CAMP STAFF*****

*****CAMPERS MUST BRING OWN LUNCH & SNACKS. REFRIGERATION IS PROVIDED*****

CAMP FEES:	WEEKLY	DAILY
FULL DAY 9am -4pm	\$199	\$48
HALF DAY		
9:00am – 12:30pm	\$106	\$28
12:30pm - 4:00 pm	\$106	\$28
EARLY DROP OFF (7am-9am)	\$40	\$10
LATE PICK UP (4pm – 6pm)	\$40	\$10

- Payment in full must be received one week prior to attendance.
- A deposit of \$50 for each full week and \$25 for each partial week is due at sign up.
- Due to staffing, all deposits are non refundable and non-transferable.
- Changes in camp dates are dependent on availability
- No credit and no refunds for unused camp days
- There is a 10% sibling discount for each full week of registration

Parent Signature: _____ Date _____

Parent Printed Name _____

\$ _____ Total Amount for Camp

\$ _____ Deposit Paid Today Date _____ Check # _____ Cash _____ CC _____

\$ _____ Balance Due

\$ _____ Additional Payments Date _____ Check # _____ Cash _____ CC _____

\$ _____ Final Payment Date _____ Check # _____ Cash _____ CC _____

Week 1: School's Out June 11-15

Week Full Day: \$199

Week Half Day: \$106

AM or PM

Week Early Drop: \$45

Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days

M T W Th F

Daily Half Day: \$28/day x # of days

Morning: M T W Th F

Afternoon: M T W Th F

Daily Early Drop \$10/day x # of days

M T W Th F

Late Pick Up \$10/day x # of days

M T W Th F

Total Week 1 _____ less deposit _____ Balance _____

Week 2: Through the Years June 18-25

Week Full Day: \$199

Week Half Day: \$106

AM or PM

Week Early Drop: \$45

Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days

M T W Th F

Daily Half Day: \$28/day x # of days

Morning: M T W Th F

Afternoon: M T W Th F

Daily Early Drop \$10/day x # of days

M T W Th F

Late Pick Up \$10/day x # of days

M T W Th F

Total Week 2 _____ less deposit _____ Balance _____

Week 3: Dance Revolution June 25-29

Week Full Day: \$199

Week Half Day: \$106

AM or PM

Week Early Drop: \$45

Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days

M T W Th F

Daily Half Day: \$28/day x # of days

Morning: M T W Th F

Afternoon: M T W Th F

Daily Early Drop \$10/day x # of days

M T W Th F

Late Pick Up \$10/day x # of days

M T W Th F

Total Week 3 _____ less deposit _____ Balance _____

Week 4: Buggin Out July 2-6

Week Full Day: \$199

Week Half Day: \$106

AM or PM

Week Early Drop: \$45

Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days

M T W Th F

Daily Half Day: \$28/day x # of days

Morning: M T W Th F

Afternoon: M T W Th F

Daily Early Drop \$10/day x # of days

M T W Th F

Late Pick Up \$10/day x # of days

M T W Th F

Total Week 4 _____ less deposit _____ Balance _____

Week 5: Wet & Wild July 9-13

Week Full Day: \$199
Week Half Day: \$106
AM or PM
Week Early Drop: \$45
Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days
M T W Th F
Daily Half Day: \$28/day x # of days
Morning: M T W Th F
Afternoon: M T W Th F
Daily Early Drop \$10/day x # of days
M T W Th F
Late Pick Up \$10/day x # of days
M T W Th F

Total Week 5 _____ less deposit _____ Balance _____

Week 6: Mad Science July 16-20

Week Full Day: \$199
Week Half Day: \$106
AM or PM
Week Early Drop: \$45
Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days
M T W Th F
Daily Half Day: \$28/day x # of days
Morning: M T W Th F
Afternoon: M T W Th F
Daily Early Drop \$10/day x # of days
M T W Th F
Late Pick Up \$10/day x # of days
M T W Th F

Total Week 6 _____ less deposit _____ Balance _____

Week 7: Happy Holidays July 23-27

Week Full Day: \$199
Week Half Day: \$106
AM or PM
Week Early Drop: \$45
Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days
M T W Th F
Daily Half Day: \$28/day x # of days
Morning: M T W Th F
Afternoon: M T W Th F
Daily Early Drop \$10/day x # of days
M T W Th F
Late Pick Up \$10/day x # of days
M T W Th F

Total Week 7 _____ less deposit _____ Balance _____

Week 8: Carry the Torch July 30- Aug 3

Week Full Day: \$199
Week Half Day: \$106
AM or PM
Week Early Drop: \$45
Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days
M T W Th F
Daily Half Day: \$28/day x # of days
Morning: M T W Th F
Afternoon: M T W Th F
Daily Early Drop \$10/day x # of days
M T W Th F
Late Pick Up \$10/day x # of days
M T W Th F

Total Week 8 _____ less deposit _____ Balance _____

Week 9 Wet & Wild Returns Aug 6-10

Week Full Day: \$199

Week Half Day: \$106

AM or PM

Week Early Drop: \$45

Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days

M T W Th F

Daily Half Day: \$28/day x # of days

Morning: M T W Th F

Afternoon: M T W Th F

Daily Early Drop \$10/day x # of days

M T W Th F

Late Pick Up \$10/day x # of days

M T W Th F

Total Week 9 _____ less deposit _____ Balance _____

Week 10: Around the World Aug 13-17

Week Full Day: \$199

Week Half Day: \$106

AM or PM

Week Early Drop: \$45

Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days

M T W Th F

Daily Half Day: \$28/day x # of days

Morning: M T W Th F

Afternoon: M T W Th F

Daily Early Drop \$10/day x # of days

M T W Th F

Late Pick Up \$10/day x # of days

M T W Th F

Total Week 10 _____ less deposit _____ Balance _____

Week 11: Who's Got Talent? Aug 20-24

Week Full Day: \$199

Week Half Day: \$106

AM or PM

Week Early Drop: \$45

Week Late Pick Up: \$45

Daily Full Day: \$48/day x # of days

M T W Th F

Daily Half Day: \$28/day x # of days

Morning: M T W Th F

Afternoon: M T W Th F

Daily Early Drop \$10/day x # of days

M T W Th F

Late Pick Up \$10/day x # of days

M T W Th F

Total Week 11 _____ less deposit _____ Balance _____

Total:

Amount Due: _____

Deposit Paid: _____

Deposit Paid: _____

Balance: _____

HIGH PERFORMANCE GYMNASTICS

Pick Up Authorization

HPG will only allow authorized people 18 years or older to pick up your child after classes. Please fill out ALL of the information requested below. Gymnastics staff will request to see photo identification (i.e., license) from designated pick up, please be sure they are aware of this policy.

Child's Full Name: _____

The following person(s) may pick up my child:

Please note: Parent(s)/Guardians of the child must be included below.

1. Full Name _____ Relationship to child: _____

Home# _____ Work# _____ Cell # _____

2. Full Name _____ Relationship to child: _____

Home# _____ Work # _____ Cell # _____

3. Full Name _____ Relationship to child: _____

Home# _____ Work# _____ Cell # _____

4. Full Name _____ Relationship to child: _____

Home# _____ Work# _____ Cell # _____

I understand that if another person is to pick up my child, I will provide written permission to the Program Director. The designated pick up will be prepared to show required photo identification to the gymnastics staff.

Signature of Parent or Guardian

Date

High Performance Gymnastics (“HPG”) - Parent Agreement

Policies/Procedures/Waiver and Release of Liability, Assumption of Risk& Indemnity Agreement

- 1) All students MUST be properly attired in gymnastics/camp clothing.
- 2) Make-up classes are allowed ONLY in a current session. Classes not made up in the current session are forfeited. They cannot be transferred to the next session. This Policy Does Not Apply for CAMP.
- 3) Split and late payments will incur a surcharge. Returned Checks and Payments will incur a \$30 Surcharge.
- 4) Absolutely no chewing gum, beverages, food or jewelry are allowed in the gym.
- 5) No unregistered parents or children are allowed in the designated gym area.
- 6) Undisciplined or misbehaved students will be dismissed from the gym for safety reasons.
- 7) Parents are prohibited from talking to students or give instructions from the waiting area. All comments are to be passed through the front office.
- 8) **THERE WILL BE NO REFUNDS FOR ANY UNUSED SERVICES.** Make up classes allowed only in current session. If for some reason you need to drop during the middle of a session, we will be glad to give you a credit for the remaining classes. This credit is good for six months and can be used towards a future session. **WE PLAN AND PROVIDE A PLACE FOR YOUR CHILD IN CLASS; THEREFORE, WE CAN NOT CREDIT YOU FOR CLASSES THAT WERE MISSED PRIOR TO YOUR DECISION TO DROP THE CLASS!**
- 9) All students must have a current, paid up, annual registration to participate.
- 10) **PHOTO RELEASE.** I hereby give “HPG” permission to take photographs of my child or in which my child may be involved with others. I hereby consent that the photographs of my child may be used by HPG for promotional purposes, including use on the website and advertisements. Furthermore, I hereby consent that such photographs shall be the property of HPG. I hereby release and discharge HPG from any and all claims arising out of use of the photos, or any rights that for the minor may have. I am of full age, and am able to contract for the minor and fully understand its contents.
- 11) **PARK RELEASE)** hereby give HPG and their staff permission to take my child to local Park located close by HPG.
- 12) **EMERGENCY INFORMATION.** Parent Gives Permission to have student medically treated in an emergency if unable to reach Parent/Guardian.
- 13) **AUTHORIZATION FOR TREATMENT.** My Child does not have any Medical Conditions that prevent my child from engaging in gymnastics. The person(s) herein described (my child(ren)) has (have) permission to engage in all prescribed activities as noted. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would affect the student(s) participation in HPG Program. I hereby give my permission to the medical personnel selected by the HPG Staff to order X-rays, treatments, and release of any records necessary for insurance purposes and to provide or arrange any transportation for my child in the event I cannot be reached in an emergency and a reasonable effort has been made. I hereby give my permission to the physician selected by the HPG Gymnastics Staff to secure and administer treatment, including hospitalization, for the above named person.
- 14) **INFORMED CONSENT.** All activities offered at High Performance Gymnastics (including, but not limited to, sports, events, field trips, water slide, park, acrobatics, circus, gymnastics, tumbling, after-care, transportation, camps, dance, martial arts, or any other activities or events offered by and/or at High Performance Gymnastics) shall hereby be referred to and included in the term "GYMNASTICS" GYMNASTICS requires substantial amounts of energy and difficult body movements. Any student with health concerns or questions regarding his or her ability should contact a physician prior to enrolling. I hereby give permission for my child(ren) to participate in GYMNASTICS. My child(ren) is aware that GYMNASTICS is a potentially hazardous activity, which involves motion, rotation and height. 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 catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. All risks to my child(ren) are known and understood by me and I hereby waive, release, indemnify and hold harmless and covenant not to sue High Performance Gymnastics Training Center, LLC, its respective administrators, owners, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, contractors, owners and lessors of premises on which Activity takes place (each considered one of the "RELEASEES") from any and all liability for any injuries or illnesses while participating in GYMNASTICS. I understand that all medical expenses, which are incurred, are the responsibility of the student(s) or the student's family. Any claims of whatsoever nature against High Performance Gymnastics, LLC shall be limited solely to a refund of any amounts paid to High Performance Gymnastics by the Claimant. I understand that I have given up substantial rights by signing this agreement 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.

I HAVE READ AND UNDERSTAND THE POLICIES OF HIGH PERFORMANCE GYMNASTICS AND I AGREE TO COMPLY AND BE BOUND BY THESE POLICIES & AGREEMENT.

Parent Signature:

Parent Printed Name:

Date

Child's Name: