

Summer Camp Registration Form

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip _____

Home Phone # _____ Cell # _____ Work # _____

Child's Name _____ Male/Female _____ D.O.B. _____

Please Circle The Weeks You Wish To Attend:

May 31- June 3* June 6-10 June 13-17 June 20-24

June 27-July 1 July 5-8* July 11-15 July 18-22

July 25-29 Aug 1-5

<p>Fees \$105/week \$25/day for drop-in Please bring a bag lunch!</p>

*This camp only has 4 days. Cost is \$84

WAIVER & WARNING

I, the undersigned parent/guardian of the student listed above, do hereby grant the authority to the staff of Harpeth School of Gymnastics to render judgment concerning medical assistance in the event of an accident, injury, or illness. I further authorize simple first aid, and medical or surgical diagnosis and treatment which may be deemed necessary. By the very nature of the sport of gymnastics, parent's night outs and other sporting activities carry a risk of physical injury. Regardless how careful the student and coach are, how many spotters are used, what height is used, or what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bumps and 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. I hereby waive and hold harmless any and all Harpeth School of Gymnastics staff and any other staff working in conjunction with Harpeth School of Gymnastics. **I have read and understand the risks involved in my child's/ward's participation at Harpeth School of Gymnastics.**

Parent's Signature

Date

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