

2017 GGC Team Camp Gymnast Registration

CAMP REGISTRATION [PLEASE CHECK ONE]

Level 4-10

Cost: \$425.00

Deposit: \$212.50.00 paid by April 28th

Balance: \$212.50.00 paid by May 26th

Level 3, Hot Shots AND PreTeam

Cost: \$325.00

Deposit: \$162.50 paid by May 9th

Balance : \$162.50 paid by June 9th

LEVEL 4 – 10

DATES: Tuesday-Friday

9:00am – 5:00pm

June 6th-June 9th

Level 3, Hot Shots, Preteam:

Date: Wednesday -Friday

9:00am-5:00pm

June 21st-June 23rd

FOR OFFICE USE ONLY: AMT AVAILABLE FROM CROWN- _____

DEPOSIT- AMT _____ DATE _____ TYPE _____ | BALANCE - AMT _____ DATE _____ TYPE _____

GYMNAST INFORMATION

Name:

Preferred Name:

Level Competed Last Season:

Date of birth:

Age:

Home Gym Name:

Coach's Name:

Allergies/Special Needs:

E-mail Address:

Mobile Phone:

PARENT(S) INFORMATION

Parent(s) Name:

Address:

City:

State:

ZIP Code:

Phone:

Alt. Phone:

Mobile Phone:

E-mail Address:

EMERGENCY CONTACT [Other Than Parent(s) Listed Above]

Name:

Phone:

Alt. Phone:

Mobile Phone:

Relationship:

INSURANCE INFORMATION [Please attach a photocopy or electronic .pdf file of your insurance card with this registration form.]

Name of Insurance Provider:

Policy #:

E-mail, Fax, or Mail Registration Form | Call to pay with credit card or mail check payable to GGC

Gwinnett Gymnastics Center | 927 Killian Hill RD SW • Lilburn, GA 30047

p. 770-921-5630 | f. 770-921-5111 | camp@ggcteam.com

Medical/Liability Release form on back side of this page.

EMERGENCY MEDICAL RELEASE / WAIVER AND RELEASE OF LIABILITY

The undersigned, being the parent or guardian of the student(s), _____, does hereby authorize Gwinnett Gymnastics Center, it's Coaches, Trainers, or any Member of its Staff, to obtain Emergency Medical Treatment from any Physician, Hospital, or other Qualified Medical Personnel or Facility as needed in the event of accident or injury. The undersigned also agrees to be responsible for all the costs of said Emergency Treatment. The undersigned further states that the above mentioned student is in good health and is not suffering from any medical or physical impairment except:

The undersigned further certifies that said student is not allergic to any medicines or drugs, except:

The undersigned is fully aware of and appreciates the risks, including the risk of possible serious injury, as well as other damages and losses associated with participation in gymnastics activities and training. The undersigned further agrees that Gwinnett Gymnastics Center, It's Officers, Employees, Agents, Directors, Coaches, Trainers, or any Members of It's Staff, shall not be liable for any losses or damages occurring as a result of participation in gymnastics activities and training, except for such loss or damages that is the result of intentional or reckless conduct of one of the Organizations or Individuals Identified above.

Signature of Parent/Guardian

Signature of Student

.....
Name of Child participant (if under 18): _____

Name of Adult participant/parent:

I, (we) despite all reasonable precautions implemented for safety, am (are) 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 participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors, and administrator, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Gwinnett Gymnastics Center (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Gwinnett Gymnastics Center.

Participant Signature (if over 18)

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Minor Release

Name of Parent / Guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against the releasee's named above, I will indemnify, save, and hold harmless each of the releasee's from litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of Parent or Guardian

Date