

# 2009-2010 Day Camp



**GEM STATE GYMNASTICS**  
ACADEMY ~ Since 1976

**Mother/Guardian Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ email address: \_\_\_\_\_

hm.# \_\_\_\_\_ wk.# \_\_\_\_\_ cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ email address: \_\_\_\_\_

hm.# \_\_\_\_\_ wk.# \_\_\_\_\_ cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ Male/Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Medical Problems \_\_\_\_\_ Medications: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ Male/Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Medical Problems \_\_\_\_\_ Medications: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ Male/Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Medical Problems \_\_\_\_\_ Medications: \_\_\_\_\_

**Insurance Information:**

Name of Policy Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency Contact (other than parent/guardian):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILDREN FROM DAY CAMP:

1. \_\_\_\_\_ ph. # \_\_\_\_\_ 2. \_\_\_\_\_ ph. # \_\_\_\_\_

3. \_\_\_\_\_ ph. # \_\_\_\_\_ 4. \_\_\_\_\_ ph. # \_\_\_\_\_

My child will be attending \_\_\_\_\_ school. He/She needs picked up at \_\_\_\_\_ am/pm.

If you are enrolling a new student, how did you hear about us?  
 Yellow Pages  Friend  Mailer  Internet  Magazine  Other: \_\_\_\_\_

Immunizations  
 ID Card

I have read the payment policy, parent pick up, release of liability, permission to treat, appearance agreement, and transportation release on the reverse side.

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>		<b>PROGRAM</b>						<b>DAYS/WEEK (CIRCLE)</b>					
Child's Name _____	AD <input type="checkbox"/>	KK AM <input type="checkbox"/>	KK PM <input type="checkbox"/>	BS <input type="checkbox"/>	AS <input type="checkbox"/>		M	T	W	T	H	F	AL
Child's Name _____	AD <input type="checkbox"/>	KK AM <input type="checkbox"/>	KK PM <input type="checkbox"/>	BS <input type="checkbox"/>	AS <input type="checkbox"/>		M	T	W	T	H	F	AL
Child's Name _____	AD <input type="checkbox"/>	KK AM <input type="checkbox"/>	KK PM <input type="checkbox"/>	BS <input type="checkbox"/>	AS <input type="checkbox"/>		M	T	W	T	H	F	AL
													L

  

DAY CAMP TUITION	\$ _____		<b>REG. FEE:</b> _____	\$25/\$50 (Sept-Dec)	\$19/\$38 (Jan-Mar)	ID card _____	\$17.00 ea
	+			\$13/\$26 (Apr-May)	\$6/\$12 (June-Aug)		
	+						
	=		<b>-10% SIBLING DISCOUNT:</b>		\$ _____		

**TOTAL: \$ \_\_\_\_\_ /month (-10% EFT) \$ \_\_\_\_\_ = \$ \_\_\_\_\_ OTHER PROGRAM (S): \_\_\_\_\_**

**PAYMENT POLICY:**

- Tuition payment is for one (1) month. Payment is due by the 1st of the month. We do not pro-rate currently enrolled students. Have your monthly bill taken out of your account directly (EFT) and receive an EFT discount on your entire bill. EFT payments are taken out on the 27th of the previous month.
- A late fee of \$15.00 will be added to accounts not paid by the 5th of the month.
- A \$20.00 fee will be added to returned checks.
- We reserve the right to refuse service for unpaid accounts.
- You are enrolled from your starting date through the end of May. You are responsible to pay for all programs in which you have enrolled. Written notice must be given by the 20th of the previous month to make changes or withdraw from the program which you have enrolled.
- Once funds are put into the system, GSGA will credit 100% of any unused funds in any other program or the store for up to six (6) months. **No cash refunds** will be given.
- Registration and Deposit fees are non-refundable.
- Anyone on EFT must sign up for three (3) months before they can be removed from EFT. A \$10.00 cancellation fee will be charged for withdrawing from EFT early, plus all discounts are lost. Written notice must be received by the 20th of the month to cancel EFT. If the deadline is missed, no refunds will be given; however, we will credit your account to be used in any other program (including store).
- All discounts are lost when accounts go into past due status.

**PARENT PICK UP:** Those children remaining after 6:00 p.m. will be charged \$5.00 for every ten (10) minutes, until the child is picked up. Each child must be signed out by a responsible adult whose name appears on the registration form.

**Release of Liability and Notification of Risk**

As parent/guardian of the above student(s), I hereby represent that my child/ward is physically fit to undertake the gymnastics, dance, swimming, trampoline, daycamp or other activity at Gem State Gymnastics Academy, (herein after GSGA). I acknowledge the existence of certain risks of personal injury in participation in any of these activities. These activities like any other athletic activity involving motion and height, involves a risk of injury. Injuries can include broken bones, sprains, lacerations, internal injuries, paralysis, or even death. These are risks that anyone participating in these activities assumes. My child/ward is assuming these risks by participating in any of the above activities. To reduce these risks, participants must follow all GSGA rules and remain in excellent condition. I hereby agree that my child/ward will follow all GSGA rules and that I will instruct him/her to do so.

In consideration of the right of my child/ward to participate in GSGA activities I, as Parent/guardian, hereby agree that I waive and release all rights and claims for injury, damages and loss that I may have at any time against GSGA, its representatives, employees and agents, whether paid or volunteer, for any loss, injury or damages whatsoever, including, but not limited to, any claim I may have for loss of consortium, medical expenses, wage loss, or any other claim as a result of injuries my child/ward incurs in connection with my child/ward's participation in GSGA's activities. This release and the following agreement to indemnify shall include, but not be limited to, any claim arising from injuries my child/ward may incur as a result of the negligence of GSGA, its representatives, employees, and agents, whether paid or volunteer.

In addition to the foregoing, I hereby agree to defend, indemnify, and hold harmless GSGA, its representatives, agents, and employees, whether paid or volunteer, from and against any and all liability for any claims, demands, losses, damages, actions causes of actions or suits of any kind or nature whatsoever, and particularly on account of all injuries or loss, to either person or property, which may result directly or indirectly from my child/ward's participation in activities at GSGA.

This release and agreement to indemnify is binding upon my heirs, legal representatives, agents, and assignees.

I understand that participation is entirely by my own choice. I hereby agree to individually provide for the possible future medical expenses incurred by my child/ward as a result of any injury sustained while participating in any of GSGA's programs. This acknowledgment of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

**Permission to Treat**

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

**Appearance Agreement**

I understand that GSGA produces promotional material relating to it's programs. I understand that as a participant my child/ward or myself may be included in videotapes or photographs taken during participation. Therefore, without reservation or limitation, I, in my own behalf and on behalf of my child/ward, hereby assign, transfer and grant to GSGA, it successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape myself or my child/ward and to utilize such videotapes and photographs in advertising and promoting of programs.

**Transportation Release**

I hereby give my permission for G.S.G.A., its representatives, employees, and agents, whether paid or volunteer, to pick up and transport my child to G.S.G.A. from the elementary school listed above or for field trips.

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_