

Gold Country Gymnastics 2019 Camp Registration Form



- June 24-28
- July 8-12
- July 15-19
- July 29-August 2

Camper Name: _____
M or F (circle one)

Birthdate: _____ T-shirt Size: _____

Food Allergies: _____

Individual Needs: _____

Parent Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

E-Mail _____

Emergency Contact and Phone

Name: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Provider: _____

\$50 Non-Refundable Deposit
\$ _____
How Paid : _____

I am aware that gymnastics involves potentially hazardous situations and I am voluntarily permitting my child to participate in the activities with the knowledge of the danger involved. I hereby agree to accept any and all risks of injury to him or her that may result therefrom. In addition, I hereby acknowledge and agree to release, defend, indemnify, and hold harmless Gold Country Gymnastics (GCG), it's employees, principals, and agents and assume full responsibility for any loss or damage for any claim, lawsuit, or demand for loss or damage on account of injury or death whether caused by the sole, active, or passive negligence of GCG, its employees, or agents while he or she is participating in any way in any instruction or activity.

Parent Signature

Date: _____