

Green Mountain Gymnastics, Inc.

240 Pioneer Drive, Williston, VT 05495
802-652-2454

2010 Summer Camp Registration Form

Child's name:		DOB:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street:		City:		ZIP:
Parents/Custodial parent or legal guardians:				
Phone Numbers	Home	Work	Cell	
Parent				
Spouse/Partner				
Email address: (GMG may use this for informing parents of class changes or any upcoming events)				
Person responsible for the payment on this account:				
Street:		City:		ZIP:
Home phone:	Work phone:	Cell phone:	Email:	
Doctor's Name:			Doctor's phone #:	
In case of emergency, please call:		Phone	Relationship	
Name:				
Name:				
PLEASE INFORM US OF ANY MEDICAL CONDITIONS OR ALLERGIES				

Please continue on page 2

Office use only:

R:	W:	D:
PIF:	CL:	OP:

Green Mountain Gymnastics, Inc.

Summer Camp 2010 Registration Form (cont.)

Please circle session attending & mark appropriate rate

Session	Dates	Rate		
Tiny Flips (Ages 4-6)				
TF1	Tiny Flips Camp session 1	June 21st - June 25th (8:30-11:30)	\$115	
TF2	Tiny Flips Camp session 2	July 26th - July 30th (8:30-11:30)	\$115	
Summer Flips (Ages 6 and above)				
SF1	Summer Flips session 1	June 28th - July 2nd	\$115	
SF2	Summer Flips session 2	July 5th - July 9th	\$115	FULL
SF3	Summer Flips session 3	July 12th - July 16th	\$115	
SF4	Summer Flips session 4	July 19th - July 23rd	\$115	
SF5	Summer Flips session 5	August 2nd - August 6th	\$115	FULL
SF6	Summer Flips session 6	August 9th - August 13th	\$115	
SF7	Summer Flips session 7	August 16th - August 20th	\$115	
Total Due				
Next 2 rows for GMG use only				
Deposit Paid <i>Non-refundable deposit of \$50 required for each session attending must be paid with registration</i>			Date:	Amount:
Balance Due <i>Must be paid in full 7 days prior to start of each session</i>			Amount:	Date paid:

Transportation to the Sports & Fitness Edge

If attending Camp Edge afternoon program - please indicate below what days you will need us to provide transportation to the Sports & Fitness Edge.

Mon		Tues		Wed		Thur		Fri	
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Cancellation policy

- The \$50.00 deposit is non refundable.
- If payments are made in full for a camp and a cancellation is made within a 30-day notice, a full refund will be made minus the \$50.00 non-refundable deposit.
- Cancellations made with notice less than 30 days will not receive a refund at all.

Please note parking for GMG is on the side of the building or in front of GMG only.
Please be respectful of the other businesses and do not park in their spaces.

Please check one:

I give ____ I do not give ____ permission for my child to be photographed during gymnastics activities. I do understand that these photos may be used for marketing GMG and its programs.

Signed: _____ Date: _____

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Waiver/Release Form

No child will be allowed to participate in any programs unless this form is completely filled out, signed and filed with GMG prior to commencing participation

****READ THE FOLLOWING CAREFULLY AND SIGN BELOW.**

**NOTE; BOTH PARENTS/CUSTODIAL PARENT AND LEGAL GUARDIAN
MUST SIGN ON BEHALF OF EACH PARTICIPATING CHILD! ****

Agreement

In consideration of my child's participation in Green Mountain Gymnastics Inc. (further referred to as GMG) events and activities, I hereby agree to be bound by each of the following terms and conditions:

1. **Eligibility:** I agree to comply with the rules of GMG.
2. **Readiness to Participate:** I will only participate in those GMG classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced by exercise and will perform only those exercises, which I have accomplished to the degree of confidence necessary to assure I can perform them by myself and without injury.
3. **Medical Attention:** I hereby give my consent to GMG and/or host Organization to provide, through a medical staff of choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.
4. **Waiver and Release:** I am 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 gymnastics activities and events. I also release GMG of liability for anyone associated with this gymnast in the event of injury that may be incurred within GMG's premises.

I further agree that GMG and the sponsor of any GMG event, along with the employees, agents, officers and directors of these organizations, shall not be liable for any losses or damages occurring as a result of my/our child's participation in any GMG event or activity, except where such loss or damage is the result of intentional or reckless conduct on one of the individual (s) /organization (s) mentioned above.

INFORMATION: Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through:

For any athlete who is not yet 18 years old: As the legal parents, guardian or custodial parents of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by GMG.

This waiver/ Release form shall remain in effect for as long as _____
(name of Child) participates in any GMG activity until such time of written notice rescinding this waiver/
release is received by GMG.

Name of Child: _____

Printed name of Both Parents/Legal Guardian(s), Custodial Parent(s):

Signatures of Both Parents/Legal Guardian(s), Custodial Parent(s):

Dated: ____/____/____