



Date Deposit Paid \_\_\_\_\_ Amount \_\_\_\_\_  
 Check # \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

Date Balance Paid \_\_\_\_\_ Amount \_\_\_\_\_  
 Check # \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

## Week-Long Summer Camp Registration Form

Student's Name (First – Last) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name (First – Last) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name (First – Last) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Student's Allergies or Other Pertinent Medical Conditions \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

(Other than Names Above – Please Note Relationship to Child)

☆ Mini-Star Camps ☆ Must Be Potty-Trained \$225 per week ☆ \$195 for multiple camps		☆ School Age Camps ☆ \$390 per week ☆ \$340 for multiple camps
Morning Session 8:45 a.m. – 11:45 a.m.	Afternoon Session 12:15 p.m. – 3:15 p.m.	9:00 a.m. – 3:00 p.m.
_____ June 5 – June 9	_____ June 5 – June 9	_____ June 5 – June 9
_____ June 12 – June 16	_____ June 12 – June 16	_____ June 12 – June 16
_____ June 19 – June 23	_____ June 19 – June 23	_____ June 19 – June 23 ☆ ___ Cheer & Hip Hop Option
_____ June 26 – June 30	_____ June 26 – June 30	_____ June 26 – June 30
_____ July 5 – July 7 ☆ \$135 for 3-days	_____ July 5 – July 7 ☆ \$135 for 3-days	_____ July 5 – July 7 ☆ \$235 for 3-days
_____ July 10 – July 14	_____ July 10 – July 14	_____ July 10 – July 14 ☆ ___ Adv & Teen Gym Option
_____ July 17 – July 21	_____ July 17 – July 21	_____ July 17 – July 21
_____ July 24 – July 28	_____ July 24 – July 28	_____ July 24 – July 28 ☆ ___ Cheer & Hip Hop Option
_____ July 31 – August 4	_____ July 31 – August 4	_____ July 31 – August 4 ☆ ___ Adv & Teen Gym Option
_____ August 7 – August 11	_____ August 7 – August 11	_____ August 7 – August 11

To Reserve a Space, Deposit is Due in Full and is Non-Refundable.  
 Funds are Transferable up to 2 Business Days before Your Child's Scheduled Camp.

Mini-Star Camps require a \$75 Deposit per Camp      Balance of \$150 Due on the First Day of Each Camp      **\*\* Extended Care to 6:00 \$25/day or \$75/week**  
 School Age Camps require a \$100 Deposit per Camp      Balance of \$290 Due on the First Day of Each Camp      **\*\* Lunch Option \$7 per day**



## Release of Liability and Indemnity Agreement

I am fully aware of and appreciate the risks, including catastrophic injury, paralysis and death, as well as other injuries, damages, and losses that may result from participation in gymnastics activities and events.

On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless and indemnify Gold Star Gymnastics, L.L.C., its officers, directors, agents and employees (hereinafter collectively "Gold Star"), from any and all claims for personal injury, property damage or wrongful death, and any damages resulting therefrom, that may arise out of, or in any way related to, my participation in activities involving Gold Star and travel related to such participation.

To the extent I am signing this release on behalf of a minor child, I expressly represent that I am that child's parent or guardian and am authorized to sign this on their behalf.

I understand that this release is intended to discharge in advance Gold Star from and against any and all liability arising out of, or in any way related to, my participation in activities involving Gold Star, and related travel, even though liability may arise from Gold Star's negligence, or other conduct by Gold Star.

This agreement shall not apply to claims that for public policy reasons, are not subject to waiver or release.

I have read and understand the terms of this release of liability and indemnification agreement, and I agree to be bound by its terms.

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Participant's Name (Please Print)

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Parent or Guardian's Name (Please Print)

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Signature of Parent or Guardian on behalf of Participant

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Date

## Permission to Render Emergency Aid

I, the parent or legal guardian of the above-named minor, fully understand that Gold Star Gymnastics, L.L.C. staff members are not physicians or medical practitioners of any kind. With the foregoing in mind and in the event that any kind of injury or illness should occur to my child while on Gold Star premises, I hereby authorize Gold Star staff members to render first aid as deemed necessary in their discretion and/or to seek medical assistance, including calling 911 or otherwise arranging for the transport of my child to an appropriate medical facility for treatment. Additionally, I hereby authorize any trained and licensed medical professional to administer emergency medical treatment to my child should injury or illness occur in my absence. I understand that Gold Star will make every effort to promptly notify me of any such emergency.

I have read and understand the above Permission to Render Emergency First Aid and I hereby give my express written consent to its provisions.

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Signature of Parent or Guardian

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Date