



Date Tuition Paid _____ Amount _____
Check # _____ Cash _____ Charge _____

Summer Camp Registration Form

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

Guardian's Name (First – Last) _____ Cell Phone _____

Guardian's Name (First – Last) _____ Cell Phone _____

Home Address _____ Home Phone _____

City, Zip Code _____ Email _____

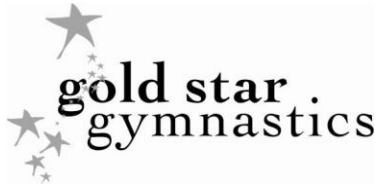
Student's Allergies or Other Pertinent Medical Conditions _____

Emergency Contact _____ Phone _____

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

★ Mini-Star Camps ★		★ School Age Camps ★	Lunch Option	Extended Care
\$50 per session / \$95 for full day (morning & afternoon on same day) \$45 per session or \$90 per full day for 4 days or more in one week		\$90 per day \$85 per day for 4 days or more in one week	\$7 per day	\$25 per day \$75 per week
Morning Session 8:45 – 11:45 a.m.	Afternoon Session 12:15 – 3:15 p.m.	9:00 a.m. – 3:00 p.m.	For Full Day Campers Only	After Camp Until 6:00 p.m.
Date :	Date :	Date :		
Date :	Date :	Date :		
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To Reserve a Space, a Non-Refundable 50% Deposit is Due – Funds are Transferable before the Camp Day Begins.



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.

Participant's Name (Please Print)

Parent or Guardian's Name (Please Print)

Signature of Parent or Guardian on behalf of Participant

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.

Signature of Parent or Guardian

Date