



Date _____	Amount _____
Check # _____	Cash _____ Charge _____

Spring Break 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 _____

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 ☆ \$50 per session \$45 per session for 4 sessions or more		☆ School Age Camps ☆ \$85 per day \$80 per day for 4 days or more	Lunch Option \$7 per day	Extended Care \$25 per day \$75 per wk
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.	For Full Day Campers Only	After Camp Until 6:00 p.m.
_____ Monday, April 9	_____ Monday, April 9	_____ Monday, April 9	_____ Lunch (Cheese Quesadilla from Una Mas)	_____ April 9
_____ Tuesday, April 10	_____ Tuesday, April 10	_____ Tuesday, April 10	_____ Lunch (Kid's Chicken Strips - KFC)	_____ April 10
_____ Wednesday, April 11	_____ Wednesday, April 11	_____ Wednesday, April 11	_____ Lunch (Bagel Dog from Bagel Street Café)	_____ April 11
_____ Thursday, April 12	_____ Thursday, April 12	_____ Thursday, April 12	_____ Lunch (Kid's Turkey Sandwich from Subway)	_____ April 12
_____ Friday, April 13	_____ Friday, April 13	_____ Friday, April 13	_____ Lunch (Cheese Pizza & Fresh Fruit)	_____ April 13

To Reserve a Space, Payment is Due in Full and is Non-Refundable. Funds are Transferable before Your Child's Scheduled Camp.



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