

ELITE GYMNASTICS, INC.

CAMP REGISTRATION

Student's Name _____

Age _____ Birth Date _____ Grade _____

Child's School _____

Parent's Name _____

Address _____

City _____ Zip _____

Phone (HM) _____ Driver's License# _____

Cell (mother) _____ Cell (father) _____

Work# _____ Work# _____

Email Address _____ Please do not email me

Health Insurance _____ Member ID# _____

I hereby understand that I am responsible for the above child's daily/weekly payment for camp which is to be paid on the first day of camp, and any day there after for daily payment. I also understand there will be a \$25.00 charge for any NSF (Non-sufficient fund) checks. I understand that in the event my check is returned the above child will not be able to return to camp until account is current. If my account becomes more than 30 days delinquent, I will be obligated to pay interest on the amount outstanding or due at 18% APR. I also understand that if ELITE Gymnastics, Inc retains an attorney to collect any past due amount that I will obligate to pay all attorney fees and cost, including court cost incurred to collect this debt.

We, the undersigned, parents, or legal guardians of the Applicant whose name appears above, recognize that there is a substantial risk of injury arising from the applicant's participation in the programs of Elite Gymnastics, therefore in consideration of such applicant's participation in the programs at Elite Gymnastics, hold harmless the said Elite Gymnastics, its officers, instructors, employees, and representatives from any and all liability, loss or damage, including reasonable attorney's fee resulting from resulting claims, causes of action, demands, cost of judgments against said Elite Gymnastics, its officers, instructors, without limitation, any injury, illness or accident, to such Applicant's arising from such Applicant's participation in any way in any programs, course of instruction or travel with the said Elite Gymnastics. We further expressly give a member of the staff of Elite Gymnastics the power to consent to medical treatment during any emergency situation for health and safety of my child, in the event I/WE cannot be immediately contacted. Upon signing, I give my permission to Elite Gymnastics Inc. for photographs or video to be taken for the purpose of, and use in, publications, promotions, and/or for other reasons that could expose a recognizable member of my family to the public.

Date this _____ day of _____ 20_____.

Signature of Parent/Guardian

Registration fee _____

Dated paid _____

Accepted by _____