

Bucks Gymnastics Center II

SUMMER FUN & GYM CAMP APPLICATION

Child 1 _____ AGE ___ M ___ or F ___

Child 2 _____ AGE ___ M ___ or F ___

Child 3 _____ AGE ___ M ___ or F ___

Address _____ Town _____ State ___ Zip _____

Home Phone _____

List any allergies or medical conditions our staff should be aware of:

FAMILY HOSPITAL _____ DOCTOR _____

Mom's Cell _____ Dad's Cell _____ Emergency# _____

Please list the dates you will be attending camp.

	Days/Dates	Weeks/Dates	Entire Month
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____

I hereby give permission and authorize any and all instructors, teachers and staff members at Bucks Gymnastics Center II, to administer first aid to my child/children, if an injury should occur. In the event of serious injury, I grant Bucks Gymnastics II staff or representatives to contact the rescue squad and have the injured child transferred to the closest or selected hospital. I give my child permission to participate in all camp activities including gymnastics and trampoline, swimming and ALL other camp activities. I realize that there is risk involved in all sports and camp activities, and accept full responsibility for my child/children. I have read the above paragraphs and understand what I have read.

Date _____ Parent's Signature _____

Parent's Printed Name _____

FORM MUST BE COMPLETELY FILLED OUT ON BOTH SIDES
NO REFUNDS FOR ANY REASON

Release of Liability Waiver

Name of child participant (if under 18): _____

Name of adult participant/parent: _____

I, (we) despite all reasonable precautions implemented for safety, am (are) 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 the participation in the programs or activities. I, (we) knowingly and willingly assume all such risks of participating on trampoline, tumble trak, use of all gymnastics equipment and swimming pool. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, and other members of Bucks Gymnastics Center II Inc. (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Bucks Gymnastics Center II Inc. I do hereby verify that I fully understand and accept the above conditions as listed above.

Participant signature (if over 18) (Parents Signature) x _____

Minor Release

Name of Parent/Guardian (Please Print) _____

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activity. I hereby release discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost any may incur at the result of any such claim.

Signature of Parent or Guardian x _____ Date _____