

WINTER CAMP 2017 REGISTRATION AND WAIVER

Today's Date _____

Check which day(s) your child will be attending:

- _____ Tuesday, December 26, 2017, 9:00am-1:00pm
_____ Wednesday, December 27, 2017, 9:00am-1:00pm
_____ Thursday, December 28, 2017, 9:00am-1:00pm
_____ Friday, December 29, 2017, 9:00am-1:00pm

PLEASE PRINT

Last Name _____ Child's Name _____ Birth Date _____
Age _____ Address _____ City _____ Zip Code _____
Father's Name _____ Mother's Name _____
Home Phone _____
Mother's Work # _____ Mother's Cell # _____
Father's Work # _____ Father's Cell # _____
Emergency Contact: (Above #'s would be called first) Name and Phone # _____

Allergies/Medical Restrictions: _____

Others authorized to take child home: _____

PARTICIPATION RELEASE, WAIVER AND ASSUMPTION OF RISK
American Academy of Gymnastics Inc., 280 W. Palatine Road, Wheeling, IL 60090
847-459-8883

I, _____ do hereby give my consent for my child, _____ to participate in gymnastic activities at the American Academy of Gymnastics, Inc. I am aware of and do acknowledge the risks inherent in gymnastic activity and I know that these activities can cause my child to be injured. Acknowledging the above I nevertheless, on behalf of the above named child, myself, my spouse, and heirs, administrators and executors, do hereby release, indemnify and agree to hold harmless American Academy of Gymnastics, Inc. from any responsibility or liability for any and all claims, demands, damages, costs, causes of actions and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from my child's participation in or involvement with gymnastics activity, including without limitation, any personal injury, disability, or property damages incurred or sustained by me or my child during or as a result of our attendance at said gymnastics activities.

Parent Signature _____ Child's Name _____ Date _____

Office Use Only

Amount Due _____ Deposit _____ Cash/Check/Debit/Credit _____ Date _____
Balance Due _____ Amount Paid _____ Cash/Check/Debit/Credit _____ Date _____