

East Bay Gymnastics
54 Gooding Ave. Bristol, RI 02809

SUMMER REGISTRATION

Student's Name _____

Sex _____ Age _____ DOB ____/____/____

Parent's Names _____

Email _____

Address _____ Town _____ State _____ Zip _____

Home Phone _____

Mom cell _____ Dad cell _____

Are there any medical conditions/food allergies to which we should be alerted?

Primary Health Insurance _____

Approved Drivers (other than parents)

_____ phone _____

_____ phone _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, & swimming. Being fully aware of these dangers, I voluntarily consent to the aforementioned child participating in any & all East Bay Gymnastics, Inc. programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and on the behalf of my child, hereby COVENANT NOT TO SUE and FOREVER RELEASE East Bay Gymnastics, Inc., its officers, directors, administrators, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of East Bay Gymnastics, Inc.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital via ambulance for medical treatment and I hold East Bay Gymnastics, Inc. and its representatives harmless in their execution of this action. I have read & understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent Signature _____ Date _____

Please fill out all camp week details on other side of this form ---->

DAY CAMP DETAILS

Tuition Information

Each ½ day camp week is \$160 (Monday thru Friday 9am-12noon)

Each Full Day camp week is \$260 (Monday thru Friday 9am -3pm)

Camp Dates: _____

1/2 day = \$160 OR full day = \$260

early drop off=add \$5 per day late pick up=add \$5 per day

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*If you would like your child to attend more than 4 weeks of camp please see Liz.

Morning Classes

Class Level _____

\$130 for 1 class per week for 7 week session

JO Team Night Camp (by Invitation only)

Level _____

Level 3's = \$400 Level 4-10's = \$675

Total due for Summer = _____

Families enrolling more than 1 camper take 10 % off

Cash Check Discover Mastercard Visa Am. Express

Name on credit card: _____

Billing Address _____ Town _____ Zip _____

Card Number: _____ Exp. date _____ CV Code _____

Signature _____