



NORTH FLORIDA GYMNASTICS & CHEERLEADING 2018-2019 SCHOOL'S OUT CAMPS REGISTRATION FORM

Participant Name _____ Male or Female _____

D.O.B. ____/____/____ Age ____ School _____ Grade _____

Address _____ City _____ Zip Code _____

Mother/Guardian Name _____ Cell Phone _____

Father/Guardian Name _____ Cell Phone _____

Day Phone _____ Primary Email _____

Emergency Contact _____ Relation _____ Phone _____

Emergency Contact _____ Relation _____ Phone _____

Participant's Physician _____ Phone _____

Please indicate any allergies, medical issues or special needs your participant may have. If medication is required during program hours, please see the office to fill out the Medication Authorization Form.

Allergies _____

Medical Issues _____

Special Needs _____

Please list all persons who are allowed to SIGN OUT & PICK UP your participant. Your participant will NOT be released unless the pick-up person is listed on this form. An ID will be required on a daily basis to SIGN OUT any participant from camp.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

SCHOOL'S OUT CAMPS	DAILY 8am-6pm	DAILY SIBLING DISCOUNT*	SIBLING NAME	HALF DAY 8am-1pm	HALF DAY 1pm-6pm	TUITION
Friday, October 19th	\$45.00	-\$5.00		\$35.00	\$35.00	\$
Friday, November 9th	\$45.00	-\$5.00		\$35.00	\$35.00	\$
Monday, November 12th	\$45.00	-\$5.00		\$35.00	\$35.00	\$
Monday, January 21st	\$45.00	-\$5.00		\$35.00	\$35.00	\$
Friday, February 15th	\$45.00	-\$5.00		\$35.00	\$35.00	\$
Monday, February 18th	\$45.00	-\$5.00		\$35.00	\$35.00	\$
Friday, March 22nd	\$45.00	-\$5.00		\$35.00	\$35.00	\$
Friday, April 19th	\$45.00	-\$5.00		\$35.00	\$35.00	\$
Monday, April 22nd	\$45.00	-\$5.00		\$35.00	\$35.00	\$

*** SORRY, NO DISCOUNTS ON HALF DAY CAMPS.**



NORTH FLORIDA GYMNASTICS & CHEERLEADING 2018-2019 SCHOOL'S OUT CAMP

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in **North Florida Gymnastics and Cheerleading** classes, programs or special events. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **North Florida Gymnastics and Cheerleading**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

MEDICAL AUTHORIZATION: The parent/guardian authorizes the management and staff of **North Florida Gymnastics and Cheerleading** to act with their best judgment in the event of a medical emergency and/or routine medical care. The parent/guardian grants permission for emergency medical treatment and/or routine medical care by the **North Florida Gymnastics and Cheerleading** staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of the participant and will be reported to the parent/guardian as soon as possible. By signing below, the parent/guardian waives/and/or releases the **North Florida Gymnastics and Cheerleading** staff from any and all liability and/or financial responsibility for any medical expenses incurred.

MEDIA RELEASE: I give my permission to **North Florida Gymnastics and Cheerleading** to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family's image or voice for the purpose of promoting or advertising.

CAMP PAYMENT POLICIES:

- All Camp Tuition is DUE on or before the FIRST Day of Camp.
- There is a \$25.00 charge for all returned checks.
- There are no refunds for camp days missed. Missed camp days can be made up and scheduled through the front desk.
- Make-up camp days expire after one year of the missed camp day.
- Participants may not be left at the facility after 6:00pm.
- Participants left after 6:00pm will be charged an additional \$5.00 for each additional 15 minutes.

DROP OFF AND PICK UP PROCEDURES: The parent/guardian understands that it is their responsibility to come into the facility to SIGN IN their participant in the morning and come into the facility to SIGN OUT their participant before leaving in the afternoon. SIGN IN/SIGN OUT sheets are located at the front desk. An ID will be required on a daily basis to SIGN OUT any participant from camp.

DISCIPLINE: Participants having discipline issues will be subject to 1) a short time out, 2) loss of an activity. Parents will be notified when this occurs. If behavior is not corrected, a parent conference will be called. If after conference behavior is not corrected, the participant could be asked to leave the program.

LOST ITEMS: Please do not let participants bring valuables into the NFGC facility. We do understand that some participants have cell phones, and we provide cubbies in the gym area for our participants to put their shoes, socks, phone, etc. NFGC is NOT responsible for participants belongings and will NOT be held liable for lost or stolen items.

PARENTAL CONSENT: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

RULES, POLICIES, PROCEDURES AGREEMENT: I have also RECEIVED AND READ A COPY of the **North Florida Gymnastics and Cheerleading** RULES, POLICIES, PROCEDURES AND AGREE TO ADHERE TO THEM, INCLUDING NO REFUNDS.

PRINTED NAME OF MINOR PARTICIPANT _____

PRINTED NAME OF PARENT / GUARDIAN _____

SIGNATURE OF PARENT / GUARDIAN

DATE

11653 CENTRAL PARKWAY, SUITE 212 JACKSONVILLE, FL 32224

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