



# The London Beje Gymnastics

## GYMNASTICS & TRAMPOLINE SUMMER CAMP - REGISTRATION FORM

Child's Name: \_\_\_\_\_ Mal \_\_\_\_\_ Female \_\_\_\_\_ Birth date: dd mm yyyy

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email \_\_\_\_\_

1<sup>st</sup> Parent's Name: \_\_\_\_\_ Home ( ) Cell: ( )

1<sup>st</sup> Parent's Employer: \_\_\_\_\_ Work ( )

2<sup>nd</sup> Parent's Name: \_\_\_\_\_ Home ( ) Cell: ( )

2<sup>nd</sup> Parent's Employer: \_\_\_\_\_ Work ( )

Emergency Contact: \_\_\_\_\_ Phon ( )

Doctor's \_\_\_\_\_ Phon ( )

Does Child carry/administer own medication? Yes \_\_\_\_\_ No \_\_\_\_\_ Health Card \_\_\_\_\_

Does Child have any medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, provide details: \_\_\_\_\_

Has Child taken prior gymnastics lessons? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what level has been completed? \_\_\_\_\_

Does Child have prior competitive sport experience? Yes \_\_\_\_\_ No \_\_\_\_\_ Gymnastics \_\_\_\_\_ Other \_\_\_\_\_

How did you hear about the camp? \_\_\_\_\_

What does your Child hope to achieve at camp? \_\_\_\_\_

Would you like to join the gymnastics club in the future? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

T-shirt size:	Yth - S	Yth - M	Yth - L
---------------	---------	---------	---------

Please Check your Preferred Session(s)

<b>\$4/day</b>	Early drop & Late pick up	<b>\$20/wk</b>	Early drop & Late pick up
<b>\$175</b>	Week 1 - July 12 - 16	<b>\$175</b>	Week 3 - August 9 - 13
<b>\$175</b>	Week 2 - July 26 - 30	<b>\$175</b>	Week 4 - August 23 - 27
<b>\$100</b>	Full week for Half a day	<b>\$40</b>	One full day only
Total No. of Weeks:		Total Due:	

In consideration of your acceptance of my Child in the Gymnastics and Trampoline Summer Camp, I hereby:

1. Certify that I am the parent or legal guardian of the Child named above and I have full legal authority to make decisions regarding my child's participation in the gymnastics and trampoline camp;
2. Understand that there is an inherent risk of injury, both minor and serious, gymnastics and trampoline training;
3. Certify that, to the best of my knowledge, my Child is physically fit, in good health and I am unaware of any medical condition which might make my Child's participation in the gymnastics and trampoline camp inadvisable and I voluntarily assume all risks associated with my Child's participation in the gymnastics and trampoline camp;
4. Release and waive all claims, demands, actions and suits made or brought against the London Beje Gymnastics, arising as a result of any injury or loss suffered by my Child or any other person in connection with my Child's participation in the trampoline and gymnastics camp and I agree to indemnify and save the London Beje Gymnastics, including their respective officers, directors and coaching staff, harmless from and against all claims, demands, actions or suits (whether groundless or otherwise) and from and against all liabilities, losses, costs, charges, counsel fees and other expenses of every nature or kind arising directly or indirectly from or in any way in connection with my Child's participation in the gymnastics and trampoline camp;
5. Confirm that I have read, understand and agree to the terms and conditions and agree to be bound by the rules established by London Beje Gymnastics from time to time, including the Code of Conduct, a copy of which is available on the internet at [www.londonbejegymnastics.com](http://www.londonbejegymnastics.com).

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

\*\*\* We have a limit on registrations. \*\*\*Please be considerate of others and bring peanut-free lunches. \*\*\*