AGA AIRBOURNE GYMNASTICS ACADEMY

Camp Registration Form

Child's Name _____ M / F DOB _____/_____/_____ Age _____

Mailing Address _____
Street City, State Zip

Allergies/Special Needs:_____

1st Parent's Name (*Primary Contact*) _____ Best Phone #: _____

Email Address _____@_____

2nd Parent's Name _____ Best Phone #: _____

Emergency Contact Name _____ Best Phone # _____

LIST ANY INDIVIDUALS THAT MAY PICK UP YOUR CHILD FROM CAMP:

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Please check off the week(s)/day(s) in which you would like to participate.

WEEK	HALF-DAY $150/week 9:00-1:00	DAILY (SPECIFY DAYS) $35/day 9:00-1:00	TOTAL AMOUNT DUE	DISCOUNTS (APPLIED BY OFFICE)	AMOUNT PAID (OFFICE USE ONLY)
WEEK 1: (6/8-12) – *Under the Sea*			$		
WEEK 2: (6/15-19) – *Super Heroes & Princesses*			$		
WEEK 3: (6/22-26) – *Buggin' Out*			$		
WEEK 4: (7/6-10)– *Let's Go Camping*			$		
WEEK 5: (7/13-17) - *Paint like Picasso*			$		
WEEK 6: (7/20-24) – *Journey to Space*			$		
WEEK 7: (8/3-7) – *Around the World*			$		
WEEK 8: (8/10-14) – *Olympic Games*			$		
TOTAL DISCOUNTS: (TO BE APPLIED BY OFFICE)			$		

How did you hear about us?

Facebook ___ Instagram ___ Other Social Media___ Friend ___ Google Search___

Other:_____

Total DUE for ALL weeks:
$ _____ PAID _____

SUMMER CAMP AGREEMENTS

☐ Yes, I choose to allow my daughter/son to participate in AGA's 2019 Summer Camps

☐ Yes, I understand that Summer Camp Registration Fee of $50 is **non-refundable** and full weekly payment is due one week prior. Summer Camp full payment may ONLY be credited to a different Summer Camp Week.

☐ Yes, I understand that I need to pick up my child on time or a LATE PICK-UP FEE of $10 may be charged to my account without notice for every 15 minutes that my child has not been picked up.

Parent Signature _____ Date _____/_____/_____

Acknowledgement of Risk and Waiver of Liability

As parents or legal guardians of _____ (child's name), we hereby give permission for our child to participate in all programs offered at Airbourne Gymnastics Academy, LLC. We recognize that with gymnastics that involve height and rotation of the body as well as with other sports, there are inherent risks involved, including risks of serious injury other personal injury, or death. On behalf of our child and on our own behalf, we freely and voluntarily assume those risks and we agree to waive all claims against, and hold harmless, Airbourne Gymnastics Academy, LLC, and its owners, staff, instructors, teachers, and lessors for any liability, loss, injury, cost, damage, medical expense, long-term care or emotional distress arising out of our under the instruction, supervision or control of Airbourne Gymnastics Academy, LLC, and we agree to assume all responsibility for doctor expense, ambulance expense, hospital expense, and medical expenses for any loss or injury by reason of our use or our child's use of facilities owned, leased, or operated by Airbourne Gymnastics Academy, LLC.

Additionally, we testify to our child's sound health of mind and body and we authorize Airbourne Gymnastics Academy, LLC, to seek medical treatment at the nearest medical facility in case of emergency.

Finally, in the event of an emergency, I waive all liability to a person acting in good conscious, whether or not certified to provide First Aid/CPR or use an automated external defibrillator (AED), who renders first aid or emergency treatment to my child who is unconscious, ill or injured, and receives no compensation for that assistance. This person "shall not be liable for damages for injuries alleged to have been sustained by the person or for damages for the death of the person alleged to have occurred by reason of an act or omission in the rendering of the treatment unless it is established that the injuries were or the death was caused by gross negligence, wanton conduct or intentional wrongdoing on the part of the person rendering the treatment". (N.C.G.S. § 90-21.14)

Child's Name: _____Birthdate _____/_____/_____

Parent/Guardian's Name: _____

Parent/Guardian's Signature:_____ Date _____/_____/_____

Photography and Video Release

We like to display pictures and/or video of our program in action for promotional purposes. Please indicate if Airbourne Gymnastics Academy, LLC, is allowed to use your child's image for these purposes. (No children's names are EVER posted along with their picture.) Use of Photography and/or Video: Yes ☐ No ☐

Child's Name: _____Birthdate _____/_____/_____

Parent/Guardian's Signature:_____ Date _____/_____/_____

Additional Terms

BEHAVIOR: At AGA, we expect children to behave in a manner that is age appropriate and is safe. Children are given rules the first day of camp and are expected to follow those rules. During camp, if you child does not follow the rules, creating an unsafe environment, steps will be taken to properly manage their behavior and create a positive environment for everyone. If your child has been reminded of the rules, has to take a break away from the group and continues to create an unsafe environment for themselves as well as the other students, an incident report will be filled out and you may be called to pick up your child. INITIALS _____

MEDICAL: If your child has a medical issue, please bring a doctor's note to the first day of camp detailing the medical condition and any special instructions. If they require an Epi Pen please make sure you write their allergies ON THE BOX and keep the pen in its original box with prescription on the side along with a doctor's note attached (it will be stored in a locked medical box). Please let us know if your child has an inhaler with them and how they are to be using it throughout camp. INITIALS _____