



Recreational Gymnastics Summer Camp Registration Form 2019

Summer Camp is \$165 for the entire week.

- o Team Session June 10-14 8:00 am - 3:00 pm (Ingrid's Location: 8228 Division. Ct. N, Birmingham, Al 35206)
- o Are you interested in having your child attend only for a day or two? Our fee is \$33 / day. List reason for shortened camp and which days they will attend.

Child Information:

First Name _____ Last Name _____

Age _____ DOB _____ Skill Level _____

Child's Health Insurance Company _____ Contract Number _____

Health Insurance Group # _____ Health Insurance Effective

Date: _____

Child's Allergies/ Health Problems _____

Medications _____

Parent Information:

Mother's First Name _____ Last Name _____

Cell# _____ Mother's Work # _____

Email Address _____

Father's First Name _____ Last Name _____

Cell# _____ Father's Work # _____

What is your Address? (Please include City and Zip)

Emergency Contact (name) _____ # _____

Person's to whom child may be released _____

Person's to whom child may be released phone # _____

Being the parent and or legal Guardian of (write child's name in text box)_____ I fully understand that the nature of gymnastics involves jumping, twisting, flipping, landing, etc. Precautions are in place at the gymnasium to protect my child from injury but accidents, however rare are possible. I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in gymnastics and that my child is healthy with no physical or mental disabilities that would restrict full participation in the activities of the gymnastics and cheer programs. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold absolutely harmless Ingrid's Gymnastics and Cheer, LLC & Trussville Gymnastics and its coaches for any injury that may be suffered by my child, whether the result of negligence or any other cause. I understand that Ingrid's Gymnastics and Cheer, LLC and Trussville Gymnastics will not be liable in any way for medical, doctor, hospital, or dental expenses. It is my specific understanding by signing this document that all parents and guardians of my child will be giving up the right to all claims suits, causes of actions, demands, monies, attorney's fees and judgements.

I _____ give my permission to Ms. Ingrid Pfau to authorize any emergency medical treatment that my child/ward may require during the 2019 gymnastics session.

- Yes I have read this

Periodically Ingrid's Gymnastics / Trussville Gymnastics will take pictures of the activities during Summer Camp. These pictures could be displayed on the website and our other social media platforms: Facebook and Instagram. Please check "Yes" if you don't have an issue with us taking photos

- Yes No

Print name	Sign Name	Date
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Please contact Ms. Ingrid if you have any questions:

Phone: 205.492.3898

Email ingridsgymnasticsmedia@gmail.com