Joni's Gymnastics & Dance Centre'

SUMMER CAMP REGISTRATION FORM

Today's date:	

PARENT & STUDENT INFORMATION

Parent's last name:	First:	Email address:
Student's last name:	First:	

Street Address:	City:	State:	ZIP Code:

Home Phone:	Cell Phone:	Work Phone:

WAIVER & RELEASE

I, (Parent or Guardian), fully understand that the staff members of Joni's Gymnastics & Dance Centre' (JGDC) are not physicians or medical practitioners of any kind. With the above in mind, I (Parent or Guardian), hereby release the staff of JGDC to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff to seek medical attention, including transportation by a staff member of JGDC and or its representatives, whether paid or volunteer, to the medical facility chosen by the parent or guardian, or call an ambulance for the injured child should the staff member of JGDC deem necessary. The staff members of JGDC recognizes our obligation in making the students and students' parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, dancing and cheerleading. Students could suffer injuries; possibly minor, serious or even catastrophic in nature. Gymnastics, tumbling and cheerleading can be dangerous and could lead to injury. Parents should make their child or children aware of the possibility of injury and also encourage the child, or children, to observe all safety rules and instructions set forth by the staff of JGDC. JGDC, along with its coaches and staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction or open workouts, or in the course of any competition, exhibitions, or clinics in which the child, or children, may participate, or while traveling to or from an event. With the above in mind, and being fully aware of the risks and the possibility of injury involved, I consent to have my child participate in the programs offered by JGDC. I, (Parent or Guardian), my executors or other representatives, waive and release all rights and claims for damages that I, (Parent or Guardian), or my child or children may have against JGDC and or its representatives whether paid or volunteer. I, (Parent or Guardian), affirm that I have proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's, or children's protection, and my own protection. I, (Parent or Guardian), also understand that it is the parent's or the guardian's responsibility to warn the child or children about the risks and dangers of gymnastics, tumbling, dance and cheerleading. The parent or guardian should warn the child or children of the risks associated with the above mentioned sports according to what the parent or guardian feel is appropriate. JGDC will only warn the participating child through "Safety Messages" and our teaching style and, progressions.

Parent or Guardian:_____ Date: / /

CAMP SELECTIONS

Camp #	Session	Amount Due
		Total Due:
Payment type:		
Check # _____ Rec#_____ CC bch_____ inv _____ Amount PD:_____ Staff _____		
Special Notes:		