

Please Check Desired Summer Camp Weeks

	Full Day	Extended AM	Extended PM		Full Day	Extended AM	Extended PM
June 6 – June 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 11 – July 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 13 – June 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 18 – July 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 20 – June 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 25 – July 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 27 – July 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aug. 1 – Aug. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 5 – July 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aug. 8 – Aug. 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Aug. 15 – Aug. 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGISTRATION AND PAYMENT INFORMATION

In consideration of allowing the previously-declared participant to begin participation in Gymnastics Training Center’s Summer Camp Program, while on the premises and during off-site field trips, the undersigned, being the legal guardian of the participant, acting for themselves and on behalf of the participant, release and hold harmless Gymnastics Training Center LLC, it’s owners, managers ,employees and agents of and from any and all liability, claims, demands and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Gymnastics Training Center is conducted, or any premises under control or supervision of Gymnastics Training Center, it’s owners, managers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Gymnastics Training Center, it’s owners, managers, employees, or agents.

ASSUPTION OF RISK

Participation in physical activities can involve motion, rotation and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said company, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owned by them while on or upon said premises described above.

The company may but shall not be obligated to carry insurance on the participant and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this release.

In signing this release, the undersigned acknowledges:

1. The he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
2. That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

MEDICAL RELEASE FORM

I hereby declare any physical problems or restrictions. I am also listing any known allergies or special conditions of any kind as well as any medications my child takes.

The undersigned gives permission for Gymnastics Training Center owners, managers, employees and/or agents to seek emergency medical treatment for the students in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred in said action.

Parent/Legal Guardian: _____ **Date:** _____



2738 South 2000 East
Salt Lake City, Utah 84109

(801) 433-0801

www.utahgtc.com

SUMMER CAMP APPLICATION

One form per child

Registration Date: _____

Mother's Full Name: _____ Mother's Employer: _____

Phone Numbers: (H) _____ (Cell) _____ (W) _____

Father's Full Name: _____ Father's Employer: _____

Phone Numbers: (H) _____ (Cell) _____ (W) _____

Billing Address: _____ City: _____ Zip: _____

Emergency Contact (1): _____ Relationship: _____ Phone: _____

Emergency Contact (1): _____ Relationship: _____ Phone: _____

STUDENT INFORMATION

Student Name: _____ Sex: M F Date of Birth: ____/____/____ Age: _____

Please describe any special needs, restrictions or custody issues your child may have: _____

Allergies (food, medication, insect bites): _____

Health Insurance Carrier: _____

Special Notes: _____

REGISTRATION AND PAYMENT INFORMATION

1. Registration is on a first-come first-serve basis and is not complete without the required \$50.00 deposit. Your spot can not be held until the deposit is made.
2. All deposits are non-refundable. Deposits will be applied to any accrued summer camp charges.
3. Refunds (excluding deposits) are available until June 6th, 2011. After camp begins, refunds will only be given when requested in writing and must be approved by management.
4. All fees must be paid for at the beginning of each week or day of summer camp attended. In the event a child participates prior to payment being received, an automatic \$15.00 will be assessed.
5. If for any reason your child is dropped off early or picked up late, they will be placed in our extended care program and your account will be charged appropriately.