

Jacksons Gymnastics of Orlando

2018 Summer Camp Registration Form

June 4th-August 10th

Camp Pricing

5 Full Day: \$135.00
 4 Full Day: \$115.00
 3 Full Day: \$90.00
 Daily: \$35.00
 Half Days: \$25.00
 Extended Care: \$10.00/day

- Ages 3 and up
- Camp hours 9:00-4:00
- Extended hours **8:00-6:00**
- PIZZA DAY: Wednesdays! (\$5.00)
- Pack lunch, snacks, and drinks
- Gymnastics, races, arts & crafts, and fun!

CHILD'S NAME _____ AGE _____ DOB _____ Male _____ Female _____

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ADDRESS _____ CITY _____ ZIP _____

Parents Name _____ Contact Number _____
 Emergency Number _____ Insurance Carrier _____
 Allergies _____ Email _____
 Authorized to sign-out: _____

Check Number _____ Payment Option
 Cash _____ Credit Card _____ Total: _____

Circle Weeks You Want to Attend Camp

Week 1: June 4-8 Week 2: June 11-15 Week 3: June 18-22 Week 4: June 25-29
Week 5: July 2/3-6 Week 6: July 9-13 Week 7: July 16-20 Week 8: July 23-27
 Week 9: July 30-Aug 3 Week 10: Aug 6-10 **4th of July week we will be **Closed** the 4th & 5th**

RELEASE AGREEMENT: STUDENTS ARE EXPECTED TO CARRY THEIR OWN ACCIDENT AND/OR MEDICAL INSURANCE. ANY ACTIVITY, SUCH AS GYMNASTICS, THAT INVOLVES MOTION AND/OR HEIGHT CREATES THE POSSIBILITY OF SERIOUS INJURY. ATHLETES, STUDENTS, AND PARENTS PARTICIPATING IN GYMNASTICS AND TUMBLING, SHOULD KNOW THEIR LIMITATIONS, UNDERSTAND WHAT IS EXPECTED OF THEM, APPRECIATE POSSIBLE RISKS, AND CONSULT THEIR INSTRUCTORS. I CERTIFY THAT, AS LEGAL PARENT/GUARDIAN, DO CONSENT AND AGREE TO INDEMNIFY AND HOLD HARMLESS JACKSONS GYMNASTICS OF ORLANDO LLC., TO PROVIDE CUSTOMARY MEDICAL/ATHLETIC TRAINING ATTENTIONS AND EMERGENCY MEDICAL SERVICES AS WARRANTED IN THE COURSE OF MY CHILD'S PARTICIPATION IN JACKSONS GYMNASTICS OF ORLANDO LLC. I FURTHER AUTHORIZE TO EXECUTE THAT CONSENT REQUIRED IN CONNECTION WITH EMERGENCY MEDICAL SERVICES. I HEREBY RELEASE JACKSONS GYMNASTICS OF ORLANDO LLC., IT'S OFFICERS, EMPLOYEES AND AGENTS FROM AND AGREE TO INDEMNIFY THEM AGAINST ANY LIABILITY ARISING OUT OF THE EXERCISE OF THE AUTHORITY HERE GRANTED, EVEN IF THE INJURY IS CAUSED IN WHOLE OR INPART BY THE ACTS, OMISSIONS OR NEGLIGENCE OF JACKSONS GYMNASTICS.

SIGNATURE _____ DATE _____ PARENT/GUARDIAN OF STUDENT ACKNOWLEDGES THEY ARE SIGNING ON BEHALF OF THEIR MINOR CHILD, WITH FULL UNDERSTANDING OF THE RISKS INHERENT IN GYMNASTICS AND TUMBLING.