2023 SUMMER HIGH SCHOOL Registration Form

June 5th – August 24th

Days closed: July 4th

This form must be filled out, signed, and returned to the office.

Gymnast Information

_____ _____ _____ _____ _____
Last Name First Name Age Birth Date USAG#

_____ _____ _____ _____
Grade School Email Cell

Please check appropriate group and indicate level: High School_____

Family Information

_____ _____ _____
Address City Zip

_____( ) _____ ( ) _____( ) _____
Parent Name #1 Home Phone Work Phone Cell Phone

_____( ) _____ ( ) _____( ) _____
Parent Name #2 Home Phone Work Phone Cell Phone

E-Mail Address: Parent #1_____Parent #2_____

Please list a person willing to take responsibility for your child in case of emergency when you cannot be reached.

_____( ) _____ ( ) _____
Name Home Phone Cell Phone

Emergency Information

Allergies, Medications, or any other medical/physical conditions that we should know about:

_____ Last DPT:_____
Insurance Company _____ Policy # _____
Child's Doctor _____ Phone ( ) _____
Can your child be given: (Yes or No) Tylenol_____Ibuprofen_____Other_____

Acknowledgement of Financial Responsibility

PAYMENT DUE WITH REGISTRATION

Acknowledgement of Risk and Waiver of Liability

Our child has no physical or health conditions that would limit his/her participation in gymnastics activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. We hereby give permission for our child to have his/her temperature taken before participation in activities at KAATS Gymnastics Club; participate in activities at KAATS Gymnastics Club; and to work on all of the necessary equipment. We understand that KAATS Gymnastics Club will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. I/we understand KAATS Gymnastics may inform other participants of any confirmed diagnosis of COVID-19 (or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; I/we waive all privacy-related claims based on such disclosure(s). We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, the KAATS Gymnastics Club, staff has our permission to use their judgment with regard to treatment until we are contacted.

Moreover, we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, we understand that our child will be transported to the nearest hospital OR (preferred hospital): _____ by the local emergency resource if rescue squad deems necessary. We understand that we are responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parent's behalf.

Warning … catastrophic injury, paralysis, or death can result from improper conduct of this activity.

I/We agree and consent that participation is voluntary and at each individual's own risk. I/We acknowledge that participation entails known and unknown risks that may result in physical injury; the transmission of virus and/or disease; or other injury, loss, or death of any participant(s). I/We understand that such risks simply cannot be eliminated. I/We knowingly, voluntarily, and expressly assume the risk of, and responsibility for, injury and damages. I/We specifically agree that the employees, owners, volunteers, and other agents of ____ Gymnastics Club ("the Released Parties") shall not be responsible for such injuries/damages, even if caused in whole or part by the negligence or fault of the Released Parties, whether such negligence is present at the signing of this Waiver or takes place in the future. This waiver and release does not apply to gross negligence or intentional torts by the Released Parties.

To the extent allowed by applicable law, I/we agree that I/we will waive, release, discharge, covenant not to sue, and indemnify and hold harmless (from all damages and expenses, including attorney fees) the Released Parties from any and all claims for injury and damage that the child(ren) listed on this form suffer, even if the risk(s) arise out of the negligence or fault of the Released Parties. By executing this Agreement, I/we agree that the Released Parties shall not be liable for any damages arising from personal injuries sustained by the child(ren) listed on this form as a result of any and all activities related to participation in activities at ____ Gymnastics Club.

By signing, I/we expressly state that I/we have had sufficient opportunity to read and consider this entire Waiver and ask any questions associated with it; agree that I/we have read and understood it and voluntarily agree to be bound by its terms; and acknowledge that this Waiver contains a waiver and release of claims. I/We agree that if any portion of this Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

NOTE: Following an injury, a "Return to Activity Form" is required prior to returning to the gymnastics activities. Always notify the coaching staff if your child is taking any medications. ***PLEASE HAVE ALL PARENTS OR LEGAL GUARDIANS SIGN BELOW***

_____ _____
Signature of Parent (required) Date

_____ _____
Signature of Parent (required) Date

Prices:

1 day/wk = $400
2 days/wk = $750
3 days/wk = $1,100

OPTIONS:

Monday: 1:00 PM – 3:30 PM_____
Tuesday: 1:00 PM – 3:30 PM_____
Thursday: 1:00 PM – 3:30 PM_____

**You will also need to bring in $10 for your own chalk container – we are not allowed to use the chalk tray at this time – this is what is in the container – chalk block/squirt bottle/grip brush/hand sanitizer
You will also need to bring you own water bottle as there will be no using the drinking fountain – please bring a backpack with things you might need in it.