

Platinum Gymnastics Academy

Summer Rec. Camp 2008

Registration Form

1410 Royston Ln.
 Round Rock, TX 78664
 Ph. 512-251-2776
 Fax 512-251-2782
 go2platinum.org



Please complete and submit to the gym office with a \$50.00 deposit

Student Name _____ Age _____ D.O.B. ___/___/___ M or F

Student Name _____ Age _____ D.O.B. ___/___/___ M or F

Mother's Name _____ Father's Name _____

Address _____ City / State / Zip _____

Phone Numbers: Daytime Contact Number _____

Home # _____ Emergency # _____

Mother Cell/Work _____ Father Cell/Work _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or persons in charge to take my child to the nearest medical facility.

Child's Doctor _____ Phone # _____

Any known medical issues / allergies _____

Release of Liability

All necessary precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if deemed necessary. Platinum Gymnastics Academy and staff cannot be held liable for injuries that occur on gym premises or otherwise in the care of Platinum Gymnastics staff or personnel. I / We assume all responsibility and hereby waive any claim for compensation for injury incurred by myself or my child while at Platinum Gymnastics Academy and agree to hold harmless Platinum Gymnastics Academy, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program.

Printed Name of Parent / Legal Guardian _____

Signature of Parent / Legal Guardian _____

Date _____

I have been given a copy of Platinum Gymnastics Academy's gym rules / guidelines. I have read and understand them. I agree to follow and abide by the guidelines stated in Platinum Gymnastics Academy's rules / guidelines.

Printed Name of Parent / Legal Guardian _____

Date _____

Signature of Parent / Legal Guardian _____

Date _____

FOR OFFICE USE ONLY
 Payment Method & Date:

Deposit: _____

Balance: _____

Circle one(s) that apply:

Youth T-shirt size XS S M L

Adult T-shirt size S M L XL

Camp Days Attending:

Please check each day attending and circle 1/2 day information, if applicable.

Week of:

Mon,

**Full Day--
Field Trip**

Tue,

**Full Day
AM PM**

Wed,

**Full Day--
Field Trip**

Thurs,

**Full Day
AM PM**

Fri,

**Full Day--
Field Trip**