



CSA Kids

Sports Arts Campus

Building healthy bodies & educated minds since 1974

4113 Whitney St. Janesville 608-756-0444

www.csakids.com

### High School Gymnastic Work Outs

March 26th – 30th

### High School Gymnastic Work Outs 9:00-12:00

March 26th thru March 30th

Choose the days you want to come

These High School work out times can be used to learn new skills or work on those skills that seem to be extra tough to perfect

**\*Bring a snack and a drink each day\***

**Early Bird Deadline**  
**Register by Wednesday**

**March 7th**

**Open Work Outs**  
**Cost: \$18 Each Day**

**Choose the Days**  
**3/26-3/30**

**Register after Wednesday**  
**March 7th**

**Open Work Outs**  
**Cost: \$22 Each Day**

**Choose the Days**  
**3/26-3/30**

#### **Register by Wed. March 7th**

Open Work Outs  
9:00-12:00 \$18 Each Day

**Circle**

- 1 day Mon. Tues. Wed. Thurs. Fri.
- 2 days Mon. Tues. Wed. Thurs. Fri.
- 3 days Mon. Tues. Wed. Thurs. Fri.
- 4 days Mon. Tues. Wed. Thurs.
- 5 days Mon. thru Fri.

#### **After Wed. March 7**

Open Work Outs 3/26-3/30  
9:00-12:00 \$22 Each Day

**Circle**

- 1 day Mon. Tues. Wed. Thurs. Fri.
- 2 days Mon. Tues. Wed. Thurs. Fri.
- 3 days on Tues. Wed. Thurs. Fri.
- 4 days Mon. Tues. Wed. Thurs.
- 5 days Mon. thru Fri.

Print Name \_\_\_\_\_ F /M Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Parent Name if different \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

Date Paid \_\_\_\_/\_\_\_\_/18 (# of days \_\_\_\_ = \$ \_\_\_\_\_ (Total \$ \_\_\_\_\_) #Check \_\_\_\_\_ Cash \_\_\_\_\_

#### **Medical Marketing Release**

**For the Medical Release** I undersigned gives permission for the CSA Kids officers, employees, and/or agents to seek emergency medical treatment for the participants (s) 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 by said action. For the **Marketing Release** I understand that my child's likeness may be used in CSA kids ads, promotional videos, our website or various other marketing materials. These images will be used for CSA Kids purposes only and will not be given or sold to outside companies or individuals.

#### **Assumption of Risk, Waiver of Liability, Promise to Pay, Medical Authorization**

I/We recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading swimming, music, preschool and exercise activities. In addition, swimming or any activity in or around water can result in brain damage or drowning. Being fully aware of these dangers, I voluntarily consent to myself or minor child participating in any and all CSA Kids programs, camps and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing myself or minor child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE CSA Kids, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by me or my minor child while under the instruction, supervision, or control of CSA Kids including, without limitations, those damages or injuries resulting from act of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like myself above or minor child to be taken to a hospital for medical treatment and I hold CSA Kids, and its representatives harmless in this execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by myself or my minor child as a result of any injury sustained while participating at or for CSA Kids.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY, PROMISE TO PAY and MEDICAL Authorization and I VOLUNTARILY

affix My signature \_\_\_\_\_ 18-19highschoolcamp

Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_