

2017 Summer Camp Registration - Ooltewah Location

____ June 19-23, 2017

____ July 17-21, 2017

9:00 am - 1:00 pm

Child's Name: _____ DOB: _____ M or F Current class _____

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Child's Name: _____ DOB: _____ M or F Current class _____

E-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Mother's Name: _____ Work #: _____

Father's Name: _____ Work #: _____

Non-Parent Emergency Contact: _____

Emergency Phone #: _____ Relationship: _____

Doctor's Name: _____ Phone #: _____

Any known allergies or medical conditions: _____

How did you learn about our camp? _____

I am the parent or legal guardian of the above child. I have read all the policies and am financially responsible for all fees pertaining to this program.

I hereby release, discharge, and covenant not to sue the Gymnastics Center of Chattanooga or Ooltewah Athletic Center, its respective administrators, directors, group instructors, owners, volunteers, and employees (each considered one of the "RELEASEES") from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise, including negligent rescue operation, and further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf makes a claim against any of the releasees, I will indemnify, save and hold harmless each of the releasees from any loss, liability, damage, or cost, which may occur as the result of such claim.

I have read the Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature. I intend for it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid that balance, notwithstanding, shall continue in full force and effect.

Parent or Legal Guardian Signature

Date

For Office Use Only:

Total Charge \$ _____ Deposit paid \$ _____ Date _____ Balance Due \$ _____