

**CRESCENT CITY GYMNASTICS  
SUMMER CAMP ACTIVITIES**

Please PRINT all information.

The location is 7800 Fairport Blvd. in New Orleans

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: (Person to contact in case parent cannot be reached)

Name: \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Please Check session(s):

Session 1 \_\_\_\_\_ Session 6 \_\_\_\_\_

Session 2 \_\_\_\_\_ Session 7 \_\_\_\_\_

Session 3 \_\_\_\_\_ Session 8 \_\_\_\_\_

Session 4 \_\_\_\_\_ Session 9 \_\_\_\_\_

Session 5 \_\_\_\_\_ Session 10 \_\_\_\_\_

**FOR OFFICE USE ONLY**

Total Sessions: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Paid by: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card: \_\_\_\_\_

In Consideration of my participating in the Crescent City Gymnastics Camp,

I \_\_\_\_\_  
on behalf of myself, heirs, legatees personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless Crescent City Gymnastics and their affiliates, sponsors, agents, servants, employees, assigns, successors and heirs and any facility at which events are held from any and all claims, actions, losses, damages, or expenses to personal or bodily injury (including death) and property loss or damage of what ever nature or cause, incurred by me or arising out of or in any conjunction with my consent I am of legal age and capacity and have read and understand the contents in this Consent and Release. If minor, signature of parent or guardian required.

X \_\_\_\_\_  
Signature

**EMERGENCY HOSPITAL PERMISSION**

Thereby give my permission to any adult at Crescent City Gymnastics to drive my child to the emergency room of Children's Hospital in the event of an emergency.

X \_\_\_\_\_  
Signature

If children's Hospital is not acceptable to you, please give the name of the hospital where you wish your child to be taken: \_\_\_\_\_

Name of Hospital

Please list any allergies or special medication information for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Please do not bring your child to camp if he/she is ill. Children who have fever or are taking medication should remain at home. Medication cannot be administered by Crescent City Gymnastics' staff.

X \_\_\_\_\_  
Signature