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## MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

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RELEASE: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampolining and exercise. I understand that catastrophic injury, paralysis, or even death can result from improper conduct of the activity. I hereby consent to \_\_\_\_\_ (camper's name) participating in activities on equipment owned and/or used by Connections Gymnastics School, Inc. and hereby agree that I, for myself, my child adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against Connections Gymnastics School, Inc. or its agents and representatives for injury or damages in connection with my association with or entry in gymnastics or other activities sponsored by Connections Gymnastics School, Inc.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### MEDICAL INFORMATION

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Please list any (medical and/or behavioral) conditions to which we should be alerted (i.e.: allergies with action to be taken in case of reaction, disabilities, asthma, medications taken regularly). Please list past injuries and locations thereof (i.e.: dislocations, sprains, breaks, fractures):

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

#### Permission for Medical Treatment

I, \_\_\_\_\_, authorize the necessary steps regarding medical attention (i.e.: first aid, calling ambulance service or transportation to be admitted to hospital) and will allow authorized hospital staff to treat my child for any illness or injury he/she has.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Policies and Procedures: I, \_\_\_\_\_ agree to the following policies:

Please sign here

Returned Checks: A \$25.00 charge will be due on any checks returned to us from the bank for any reason. Payment in cash would be required at that time since we do not redeposit returned checks.

Camp Tuition: Payment is due in full prior to the week(s) attending. A \$25.00 non-refundable deposit is required for each week(s) attending. A Dr.'s note is required to make-up any camp absences. There is no pro-rating of fees for missed camp days.

Dress Code: Girls – A gymnastics leotard or elastic waistband gym shorts with a tucked in t-shirt. Ballet tights and skirts are not permitted. Jewelry is not permitted with the exception of small post earrings. Please come to camp prepared with long hair pulled back. For your child's safety; watches, necklaces, and bracelets must be removed. Boys – Gym shorts or sweats and a t-shirt. No socks. No jeans or any clothes with metal such as zippers and snaps.

A Few Simple Rules: We cannot be responsible for unattended children. Please drop off and pick up your child on time. Children are not permitted to wait outside of the building. Be considerate of others in the waiting room; No roughhousing or running will be permitted. If you have any questions, please call or stop into the office. Thank you.

I have read and will abide the above camp policies: \_\_\_\_\_ Date: \_\_\_\_\_

**NO ONE MAY ENTER THE GYM TO USE THE EQUIPMENT UNLESS UNDER THE DIRECT SUPERVISION OF AN INSTRUCTOR.**