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| Golden Isles Gymnastics | 760 Scranton Rd Brunswick GA 31525 (912)280-0044 | Camden Gymnastics |
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PARENT/GYMNASTS AGREEMENT

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|-------|---------|
| Name: | Gender: |
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|----------------|------|---------|
| Date of Birth: | Age: | School: |
|----------------|------|---------|

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| Address: |
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|-------|--------|-----------|
| City: | State: | Zip code: |
|-------|--------|-----------|

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|-------------|---------------------|---------------------|
| Home Phone: | Mother(work phone): | Father(work phone): |
|-------------|---------------------|---------------------|

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|------------------|----------|
| Emergency Phone: | Contact: |
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|----------------|----------------|
| Mother's Name: | email address: |
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|----------------|--|
| Father's Name: | |
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| Special Medical Conditions: |
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| How did you hear about us? |
|----------------------------|

RELEASE: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampoline use and exercises. I understand that catastrophic injury, or even paralysis can occur to the above listed gymnast participating on activities on equipment on and or used by Golden Isles and/or Camden Gymnastics, and hereby agree that I, for myself, my Child(ren) adopted or otherwise, my heirs and executors, waive and release any and all rights and claims that I may have at any time against Camden Gymnastics, Golden Isles Gymnastics or its agents and representatives for any injury or damages in connection with my association with or entry in gymnastics or other activities sponsored by Camden Gymnastics or Golden Isles Gymnastics.

I hereby authorize the directors of Camden Gymnastics Of Golden Isles Gymnastics to act for me according to their best judgment in any emergency requiring medical attention

I have read the above contract carefully before signing and agree to pay the dues incurred. Further, I understand that this contract and waiver of liability shall be effective from the date of signature.

NOTICE OF TERMINATION: I understand that Golden Isles/Camden Gymnastics requires a written (1) month termination participation notice to be submitted to the front desk. VIDEO

and PHOTOGRAPHY: I understand that my child's photograph/video may be taken during the course of class instruction or during a special event. I hereby grant _____/do not grant _____ my permission for media exposure and printing purposes.

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| <p align="center">_____</p> <p align="center">Parent signature</p> | <p align="center">_____</p> <p align="center">Date</p> |
|--|--|

| | | |
|--------|-------|-------|
| Class: | Days: | Time: |
|--------|-------|-------|

Times and Classes are Subject to Change!
Automatic Billing is done on the 1st of the month. Annual registration fee \$50.
A fee of \$25 will be applied to your account if your tuition is late. \$30 fee for returned checks

