



Registration Form

1220 SW 33rd Avenue
Ocala, Florida 34474
(352) 401-3663
(352) 401-3664 fax



Gymnast Name: _____

Age at Camp: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Interested in Chaperoning? * Yes _____ No _____
* Separate Chaperone Registration Required

Home Phone: _____

Cell/Alternate Phone: _____

Email Address: _____
(Needed for alternate Communication)

Address: _____

City: _____ St: _____ Zip: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Skill Level: _____
Level Competed 10/11 Season

Roommate Request: _____

Team (Gym) Name: _____

Coach's Name: _____

Medical Conditions: _____

Medications (Rx): *Please fill out Rx Authorization form

Liability Release

I/We fully understand that the sport of gymnastics involves risks of serious bodily injury, including permanent disability, paralysis and even death, which may be caused by the participant's own actions or inactions, those of others participating in the program or event, the conditions in which the event takes place, or the negligence of "the releasees" named above and signed below; and that there may be other risk either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risk and all responsibility for losses, cost, and damages either I or the participant may incur as a result of such participation in the sport of gymnastics.

I/We hereby release, discharge and covenant not to sue Balcony Gymnastics & Personal Fitness, Inc., its respective owners, employees and/or volunteers for any and all liability, claims, demands, losses or damages caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. **I hereby waive and hold harmless Balcony Gymnastics & Personal Fitness, Inc. of any wrong that may arise from my or my child's participation at Balcony's Summer Gymnastics Camp.**

Signature of Parent or Guardian: _____ Date _____

Medical Release

In the event of illness or injury, I authorize Balcony Gymnastics and Personal Fitness, Inc. d/b/a Balcony Gymnastics and Youth Sports – AAU Summer Camp to obtain necessary medical treatment of minor noted above and hereby, in my own behalf and behalf of said minor, release and hold harmless releasees in the executioner this authority. I further acknowledge and understand that I would be responsible for any and all medical and related charges that may be incurred on behalf of Minor for any illness or injury that may be sustained during any and all activities.

Signature of Parent or Guardian: _____ Date _____

PAYMENT

Full \$350 payment must be submitted no later than 6/24/2011

Check # _____

Credit Card Visa MC Amex Discover Card Number: _____

Name on Card: _____

Amount: \$ _____

Expiration Date: _____