

2019 SUMMER CAMP REGISTRATION – STUDENT INFORMATION (ONE PER CHILD)

Student	_____	_____	_____	_____	____/____/____	Medical Conditions/Allergies
	First	Last	Sex	Age	Date of Birth	
Parent/Legal Guardian Name: _____			Parent/Legal Guardian Name: _____			
Home Phone: () _____			Home Phone: () _____			
Cell Phone () _____			Cell Phone () _____			
Work Phone () _____			Work Phone () _____			
Email _____			Email _____			
HOME ADDRESS						
_____			_____		_____	
Street Address			City, State		Zip	
Emergency Contact (name & phone number) _____						
How did you learn about Oasis Gymnastics? (If word of mouth, from whom) _____						

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of the above named child, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Oasis Gymnastics and Sports Center, Inc.'s programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation. As a part of taking class at Oasis Gymnastics & Sports Center my child's picture and/or video may be taken and used on the Oasis Gymnastics website or on a poster within the lobby.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby covenant not to sue and forever release Oasis Gymnastics and Sports Center, Inc. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Oasis Gymnastics & Sports Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In case of medical emergency, I hereby give my consent to Oasis Gymnastics and Sports Center, Inc. to provide customary and medical training attention, emergency medical services and transportation as deemed necessary for the care and protection of my child while participation in Oasis Gymnastics and Sports Center, Inc. activities.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent or Legal Guardian **Signature**

Date

Please initial below:

- Drop in Rate (same day/walk in sign up) additional \$10.00
- Campers may only be dropped off 5 minutes early or early drop off fees applies.
- Cancelled camp days are refundable with a 48 hour advance notice.
- Half day students must be picked up no later than 12:00pm (see late pick-up policy below).
- Full day students must bring a lunch; no refrigerator available.
- Early drop off and late pick up are available by **prior day reservation only.**
- Unexpected absences will result in future 2019 Summer Camp day credits only.
- Late Pickup Policy:** When a camper is picked up after their scheduled time a \$10.00 late fee will be posted to your account and run with card on file.