

*Eagles Gymnastics Centre*

**EAGLES CAMP REGISTRATION FORM** Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete this form and return along with your FULL CAMP FEE.

Campers First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Level (last season) \_\_\_\_\_ Gym you attend \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ \*Email address: \_\_\_\_\_

**PARENT / GUARDIAN INFO**

Father Name \_\_\_\_\_ Occup. \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Mother Name \_\_\_\_\_ Occup. \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Dr. Office City \_\_\_\_\_

Emergency Contact Other Than Yourself: \_\_\_\_\_

Phone(s) \_\_\_\_\_

**Medical Conditions**, if any:

\_\_\_\_\_

**Eagles Gymnastics & Dance Centre - TERMS AND CONDITIONS**

\_\_\_\_ **Eagles camp fee's are** payable to Eagles Gymnastics. Camp fees can be paid at the office via checks, cash, VISA, MC cards. Or Fees can be mailed to 209 West 135<sup>th</sup> Street, Kansas City, Mo. 64145. Make checks payable to EAGLES.

**I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS MENTIONED ABOVE.**

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**MEDICAL RELEASE FORM**

- I give my approval for the above namedcampers participation in any and all activities of the camp program.
- I hereby forever waive, and forever release and discharge the Eagles Gymnastics & Dance Centre, Inc., their officers, directors, employee and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.
- As a student or parent or guardian of a student, that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by the Eagles Gymnastics & Dance Centre, Inc.
- I authorize the representatives of Eagles Gymnastics & Dance Centre, to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for Eagles Gymnastics & Dance Centre.
- I understand that participation is entirely by my own choice and with the understanding that there is risks and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.
- The Eagles Gymnastics & Dance Centre, is not responsible, whatsoever, for anything that happens before or after the students designated camp workouts and dance classes.
- ***I do hereby verify that I have read and understand and accept each of the above policies and conditions shown by my signature below.***

Signature of Parent,  
Guardian, or Participant (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_