



# WORLD CUP GYMNASTICS VENTURE CAMP 2017

EZ:
Cfm:

Child's Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_    Gender:    M    F

Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

T-shirt size: (please circle)    CM    CL    AS    AM    AL    AXL

**FOR OFFICE USE ONLY:**

Total due:	Pymt amt:	Pymt date:	Pymt method:	Pymt Ref.:	Balance due:

Week	Dates:	Camp Tuition Rate 1st child/ sibling*	8:00-8:45 am Early Drop-off \$15/day/child \$75/wk/child	5:00 pm Late Pick-up \$20/day/child \$100/wk/child	6:00 pm Late Pick-up \$35/day/child \$175/week/child	TOTAL DUE FOR WEEK
7	Aug. 7 - 11	\$675 / \$607.50				

plus \$30 registration fee (if not paid since 9/2016): \$

**GRAND TOTAL DUE:**

Deposit: \$100 + \$30 reg. fee (new members) = \$ \_\_\_\_\_

**LESS DEPOSIT:**

Credit Card info:    VISA    MC    AMEX    DISC    (Pls circle)

A/C #: \_\_\_\_\_

EXP.: \_\_\_/\_\_\_    Signature: \_\_\_\_\_

**BALANCE DUE BY JUNE 5, 2017:**

(For registrations after 6/5/2017, full amount is due upon registration.)

\$
\$
\$

Mother's name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Please group my child with: \_\_\_\_\_

Does your child have any injuries, allergies, illnesses or any other issues that we should be aware of: (Please circle) Yes No

If yes, please indicate: \_\_\_\_\_

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\* THIS CONFIDENTIAL INFORMATION IS REQUIRED FOR THE SAFETY AND CARE OF YOUR CHILD \*

### **CLUB WAIVER AND RELEASE FORM**

World Cup Gymnastics [hereinafter "WCG"] and its staff recognize our obligation to make our clients aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, Rompereee, trampoline, dance, yoga, sports, etc. However, WCG and its staff will not accept responsibility for injuries sustained by any child, parent and/or caregiver during the course of any gymnastics, tumbling, cheerleading, Rompereee, trampoline, dance, yoga, sports, etc. class, team practice, or during the course of any exhibition, competition, or clinic and/or while traveling to or from any of the aforementioned activities, and/or while arriving or departing or waiting anywhere on WCG premises. Parents and/or caregivers should be aware of and educate their children about the possibility of injury. Parents and/or caregivers should also encourage their children to follow all safety guidelines and WCG staff instructions. Gymnastics, tumbling, cheerleading, Rompereee, trampoline, dance, yoga, sports, etc. can be dangerous and lead to injury. Students, parents, and/or caregivers may suffer injuries, possibly minor, serious, or catastrophic in nature. Therefore, being fully aware of the risks and possibility of injury involved, I consent to have my child(ren), or the child(ren) in my care, and/or myself participate in the programs offered by WCG. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child(ren), or the child(ren) in my care, may have against WCG and/or its representatives and staff whether paid or volunteer. With this in mind, in the event of an injury or illness to my child(ren) or myself and with the knowledge that WCG staff members are not physicians or medical practitioners of any kind, I consent to the following: administration of temporary first aid to me and/or my child(ren) by World Cup staff if they deem it necessary, contacting a doctor and/or seeking medical help, transportation by a World Cup staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, calling 911 and/or an ambulance, etc. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child(ren)'s and/or my own protection. I also understand that it is the parents'/caregivers' responsibility to continually warn the child and/or themselves about the dangers of gymnastics, tumbling, cheerleading, Rompereee, trampoline, dance, yoga, sports, etc. injury. The parents and caregivers should warn their child(ren) and be warned themselves according to what the parent/guardian/participant feels is appropriate. World Cup Gymnastics staff members will warn the child(ren), parents and/or guardians through "safety guidelines" during our programs and through signs posted throughout the premises.

**PERMIT:** World Cup Gymnastics operates as a Summer Camp under a permit by Westchester County Health Department Bureau of Public Health Protection. If you would like to view a copy of the Department's inspection report, you may do so by contacting World Cup Gymnastics at 914-238-4967 or the Health Department at 914-864-7331.

**PHOTO RELEASE:** I authorize that World Cup Enterprises LLC has the right to use all photographs or videos taken of my child or children during camp/classes/practices/field trips, etc. for advertising or promotional material, or on its website.

\_\_\_\_\_  
Print Parent's or Guardian's Name

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date