

# BOYS TEAM Summer Camp Registration Form: Metropolitan Gymnastics Inc.

6822 S. 190<sup>th</sup> St Kent WA 98032

425.282.5010, Fax: (425) 282-5011

Email: info@metropolitangym.com

Deposit: \_\_\_\_\_ Total \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Level: \_\_\_\_\_  
Gymnastics Club: \_\_\_\_\_ Coach: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ H Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Addition Parent: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ (For contact & messages only)  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Medical Insurance / Policy Number: \_\_\_\_\_  
Does your child have any allergies? Y N Please explain: \_\_\_\_\_

If your child needs to take medication while at camp, please arrange for your child to receive their medicine. (Please list here): \_\_\_\_\_

Does your child need a Car Seat? Y N (Be sure to label and leave at gym)

Additional Adults who have permission to pick up/transport my child: \_\_\_\_\_

Metropolitan has permission to take & post camp-related photos of my child. Y N

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## Terms, Rules, Regulations and Policies

Warranty of Physical Fitness: Member acknowledges and warrants that member is in good physical condition and that member has no disability, impairment or ailment preventing member from engaging in active or passive exercise, or that which will be detrimental to member's health, safety, comfort or physical condition by so engaging or participating, member further acknowledges that member has been advised by "Metropolitan" to see members personal physician before engaging in gymnastics, dance, fitness, circus or cheerleading program. Please Initial: \_\_\_\_\_

Medical Emergency: I, the undersigned give my permission to Metropolitan Gymnastics, Inc. Owners, Officers, or employees to seek medical attention and/or treatment for the participant in the event they are unable to reach the parent or guardian in the case of any injury or emergency from gymnastics instruction, classes, open gyms, and/or while training or travel to and from competition itself where Metropolitan or authorized representatives or Metropolitan are in charge. In addition, in the event my preferred physician listed is unavailable, I hereby authorize and consent to medical, surgical, and hospital care, treatment and procedures to be preformed for my child, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Physical Contact: I understand that for the safety of my gymnasts, coaches will need to hold, lift, support, catch or otherwise physically contact my child in the event of learning or implementing skills. Coaches may also display emotional support and encouragement via physical contact including but not limited to high fives, hugs, etc. I give my permission for coaches to spot and physically encourage and support my child in appropriate ways. Please Initial: \_\_\_\_\_

**Please continue to the back of the form.**

**Assumption of Risk and Waiver of Liability:** Participation in physical activities such as gymnastics can involve motion, rotation and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon the said premises under the control of Metropolitan, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant of the undersigned is upon said premises. In consideration of allowing the named child to enroll in the program to learn and practice gymnastics the undersigned agrees that the use of any of the "Metropolitan's" facilities shall be undertaken at the sole risk of the member. "Metropolitan shall not be liable for any damages to any person or property arising out of the member's use of the "Metropolitan's" facilities, equipment, or instruction.

**I, the undersigned,** being the legal and acting guardian of the child and acting for myself and on behalf of the child, release and hold harmless Metropolitan Gymnastics Inc. it's owners, officers, employees and agents from any and all liability, claims, demands or injury, including death, that may be sustained by the child and/or the undersigned while in/on or upon the premises or while at any other premises or place when undertaking activities whatever kind or nature related to activities sponsored by Metropolitan Gymnastics Inc., it's owners, officers, agents or employees. I have read and understand this release of liability.

**Summer Camp Field Trip Liability and Medical Release:**

I understand that my signature below authorizes the Metropolitan Gymnastics summer camp staff to have the full authority to transport my child, \_\_\_\_\_ (print name), to the predetermined locations(s) scheduled on the summer camp itinerary. I also understand that my child will be wearing a seatbelt, and that it is my responsibility to instruct my child of the importance of conduct which will insure safety while being transported and participating in the activities. I agree to supply a car seat for my child if needed \_\_\_\_\_ (initial)

By signing this form, I as the parent or guardian agree to assume the risks and hazards which are inherent in my child being transported and being involved in field trip activities. I also agree to absolve and hold harmless, the Metropolitan Gymnastics staff, its designated drivers, and the registered owners of the vehicles used for transportation for damage, loss, or injuries to my child named above. The Metropolitan Gymnastics staff, its drivers, and the registered owners of the vehicles will not be held liable for any injuries, trauma, or death to/of my child that may occur during the transportation process, or for the duration of the trip(s).

I also understand that the Metropolitan Gymnastics staff and representatives are not responsible for any loss or damages to my child's belongings.

I give my child named above, permission to be transported and participate in field trip activities and give permission to the Metropolitan Gymnastics staff to authorize any treatment deemed necessary by a physician due to accident or illness during these activities.

Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_