- Issaquah -

Gymnastics East • SwimLabs

Half Day Week Long Camp Registration Form

Register at Gymnastics East 425-392-2621 Address: 1680 NW Mall Street, Ste. 1, Issaquah, WA 98027 Payment in full is required at time of registration to hold your spot. \$50.00 cancellation fee is NON-REFUNDABLE. There are no refunds for cancellations received within 30 days of the camp start date.

Child's Name	Age: DOB
Camp Dates: June 26 th – 30th July 24 th – 28th July 31 st	July 10 th – 14th July 17th – 21st – Aug. 4 th Aug. 7 th – 11th Aug. 14 th – 18th
Camp Time: 1:00 pm - 5:00pm <u>B</u> Camp Tuition: \$260	oth drop-off and pick-up are at Gym East!!!
Parent or Guardian: Name:	Phone #:
Address:	Cell phone:
Work phone:	Cell phone: Email: Health Insurance Company & ID#:
Allergies/Medical Conditions:	Health Insurance Company & ID#:
Emergency Contact Name	Phone:
Emergency contact (unit)	1 NONCO
student, acting for themselves and on behalf of their owners, officers and employees of and for out of or relating to any loss, damage or injury Gymnastics East Inc. and/or SwimLabs. Medical Attention: The undersigned, being duactivities, and events being conducted by Gymelect voluntarily to enter upon said premises unundersigned acting for themselves and the stud sustained by the student while in said premises medical / dental or any other emergency attention through reasonable means, I hereby authorize Cimmediate medical training attention, transport undersigned student. I realize that I will be resparagraph. Waiver and Release: I am fully aware of and a death, as well as other damages and losses assonagree that Gymnastics East Inc. and/or SwimLafor any losses, expenses, or damages occurring event except where such loss of damage is the identified above. Acknowledgement: This release shall be binding.	If said school, the undersigned, being the legal and acting guardians of the the student, release and hold harmless Gymnastics East Inc. and/or SwimLabs, any and all liability, claims, actions and causes of actions whatsoever, arising that may be sustained by the student while in, on, or upon the premises of ally aware of the risks and hazards inherent upon participation in the classes, mastics East Inc. and/or SwimLabs, acting for themselves and the student, hereby ader the control of said corporations, knowing their present condition. The ent, hereby voluntarily assume all risks of loss, damage, or injury that may be described above. In the event of any incident which may require immediate on / care, in which the Legal Guardian cannot be notified in a responsible time Gymnastics East and/or SwimLabs, to take all necessary actions as it relates to ation and emergency medical services as warranted in the course of care of the consible for all fees and expense as they may relate to this medical attention appreciate the risks, including the risk of catastrophic injury, paralysis and even ciated with participation in a gymnastics, badminton or karate event. I further abs, along with its employees, agents, officers, and directors shall not be liable as a result of the below names student's participation in the class, activities or result of the intentional or reckless conduct of one of the groups or individuals and upon distributes, heirs, next of kin, executors and administrators of the
student and undersigned. In signing this release a) That he or she has read this release understan	
b) That the undersigned signing as legal guardi	
	ayment must be made at time of registration to hold my spot, and that \$50
is NON-REFUNDABLE. \$210 Balance is refafter that time.	Sundable until 30 days prior to start of camp. There are NO REFUNDS
Student Nome	Date
Legal Guardian Signature	
Due to insurance regulations, adults	and un-enrolled siblings are NEVER allowed in the gym/dance

area or on any equipment. (initial)