SUMMER CAMP REGISTRATION FORM

MALE FEMALE

Student's Name_____ Birthdate_____Age _____ Phone _____

Address_____ City_____ Zip_____

Emergency Contact_____ Emergency Phone_____

Email Address _____

Check which session ____ Morning (9:00am-12:00pm) **All Ages** ____ All Day (9:00am-3:00pm) **Ages 5 years and older**

My child (or I) has (have) no physical, mental or emotional problems that would interfere with participation in this program. I have fully read and understand the Registration and Payment Procedure and have signed the Release and Acknowledgement of Risk Form.

Signature_____Date_____ Camp Fee_____

(Parent or Guardian)

Print Parents Name _____

T-Shirt Size:

Make Checks Payable To: **SALTO GYMNASTICS CENTER**
21950 Doral Road
Waukesha, WI 53186

CXS____ CS ____CM ____CL ___

AS ____AM ____AL___

Week 1 ___ Week 2 ___

Master Card, Discover & Visa Accepted

Medical Concerns/Conditions _____

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

SALTO Gymnastics Center

In consideration of the services of Salto Gymnastics Center, Vitali Rudnitski, Andrei Kan, Alexander Belanovski, their employees and all other persons or entities acting in behalf of Salto Gymnastics Center, I release and discharge Salto Gymnastics Center on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I understand and acknowledge that the activity I, or my child will participate in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to myself, to property, or to third parties. The following describes some, but not all, of those risks:

Gymnastics and/or dance entails certain risks which simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, gymnastics and/or dance students would not improve their skills, and the enjoyment of the sport would be diminished.

Gymnastics and/or dance exposes its participants to the usual risks of cuts and bruises. Other more serious risks exists as well. Participants can fall off equipment, sprain or break wrists and ankles, and they can suffer more serious injuries as well, including paralysis or even death. If you are injured, you may require medical assistance, at your own expense.

2. I and/or my child expressly agree and promise to accept and assume all of the risks existing in this activity. Participation in this activity is purely voluntary, no one has forced me to participate, and I or my child elect to participate in spite of the risks.

My Signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand it affects my legal rights; I agree to be bound by its terms.

Signature of Parent or Guardian_____

Print Name of Parent or Guardian_____