

Concho Valley Gymnastics

101 N. Oakes St. San Angelo, TX 76903 Phone: (325) 482-8878 conchovalleygymnastics.com

Summer Camp 2019 Ages 5-11yrs.

Camper Information:

Camper's Name: _____ Age: _____ DOB: _____ M / F

Mailing Address: _____ E-Mail Address: _____

City/State: _____ Zip: _____ Home # _____

Mother's Name: _____ Work #: _____ Cell#: _____

Father's Name: _____ Work #: _____ Cell #: _____

Emergency Contact (other than parent, we will contact parents first): _____ Cell #: _____

Medical Information:

Please list any medical conditions your child has which we should be alerted to?

Child's Physician: _____

Medical Insurance Company _____ Policy #: _____

I would like my child to attend camp during these weeks:

___ WEEK 1 (June 3-7) ___ WEEK 2 (June 10-14) ___ WEEK 3 (June 17-21) ___ WEEK 4 (June 24-28)

___ WEEK 5 (July 1-5) ___ WEEK 6 (July 8-12) ___ WEEK 7 (July 15-19) ___ WEEK 8 (July 22-26)

___ WEEK 9 (July 29-Aug 2) ___ WEEK 10 (Aug 5-9) ***Bring a lunch daily**

Camp Day: _____ 7:30am – 3pm (\$135/week) **OR** _____ 7:30am – 5:15pm (\$155/week)

Initial Below:

Acknowledgment of Risk, Waiver of Liability and Media Consent

_____ You agree that you are aware that your child named below will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to them. You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that may result. You hereby agree to waive any claims or rights that you might otherwise have to sue Concho Valley Gymnastics, its employees, owners, officers or agents for injuries that may occur as a result of these activities. We will make no evaluation or recommendation whether your child is physically fit for any exercise activity. If your child has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I give permission for Concho Valley Gymnastics to use photos/videos of my child on CVG Website, Facebook page or other CVG advertisements displaying the fun and excitement of CVG.

_____ I understand that the balance for each week is due the Friday before each week my child attends camp. I also understand that my child's space is NOT RESERVED until a \$15 deposit is paid for each week my child will be attending camp. My Child will lose their spot and deposit if the balance is not paid in full by the Friday before each week of camp. **This deposit goes towards your balance each week but is NONREFUNDABLE and NON-TRANSFERABLE to another week after May 24th. We do NOT prorate for partial-week attendance.**

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use ONLY: Deposit: _____ Ck#: _____ Date Paid: _____ Balance due for 1st week: _____