

Spotlight Gymnastics Summer Program Application

Student's Name _____ Age _____ [] Boy [] Girl

Address _____

Street City Zip

Parents' Names _____

Home # _____ Cell # _____

Mother's Business # _____ Father's Business# _____

Emergency Contact _____ Emergency Contact # _____

E-Mail Address _____

Physical Restrictions/MedicalConcerns? _____

Please CIRCLE days attending:	Please CHECK time:
June 27 - July 1 M T W TH F	[] 9:00 - 10:00 (1 hour)
July 5 - July 9 T W TH F S	[] 10:00 - 12:00 (2 hours)
July 11 - July 16 M T W TH F S	[] 12:30 - 1:30 (1 hour)
July 18 - July 23 M T W TH F S	[] 1:30 - 3:30 (2 hours)
July 25 - July 30 M T W TH F S	[] 3:30 - 5:30 (2 hours)
No classes Saturday July 2nd, Monday, July 4th	[] 6:00 - 7:00 (Tumbling)
[] Lunch Connection (12:00-12:30)	[] 7:00 - 8:00 (Tumbling)
Saturday Times	[] 9:00-10:00 [] 10:00-12:00

# of days	1 hour \$25/day	2 hours \$44/day	Insurance \$15	Lunch Connection \$8/day	TOTAL
# of weeks	\$115/wk	\$210/wk	New student		

RELEASE TO BE SIGNED BY A PARENT /GUARDIAN FOR STUDENT'S ACCEPTANCE IN CLASS

By the very nature of the activity, gymnastics carries a risk of physical injury. The risk of injuries includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries. Gymnastics, or any activity that involves motion, rotation, and height in a unique environment carries with it a reasonable assumption of risk. Spotlight Gymnastics is therefore informing participants and their parents or guardians of the risk involved in the activity of gymnastics. Further, everyone participating in the Spotlight Gymnastics program agrees to adhere to the safety rules governing our program and attests and verifies that the participant is in good health and in proper physical condition for the sport of gymnastics.

In consideration of Spotlight Gymnastics acceptance of the applicant(s) those legally responsible for the named enrolling student(s) and parents or guardians who participate in class realize the risk of injury involved and hereby agree to fully assume all such risks and all responsibility for losses, costs, and damages incurred as a result of participation for said student(s) and themselves and further agree to indemnify, save and hold harmless Spotlight Gymnastics, its employees, and all others concerned, and to indemnify them against all claims, suits, actions and loss. The parent/guardian also agrees to permit any photos taken of their child in class to be used on Spotlight Gymnastics' bulletin boards.

Intending to be legally bound, my signature is freely offered and by signing below I acknowledge my acceptance of the above release, waiver of liability, assumption of risk and indemnity agreement and intend it to be a complete and unconditional release of all liability to the greatest extent of the law.

Printed Name of Parent

Signature of Parent

Date