



COMPULSORY CAMP REGISTRATION FORM

Student Name: _____ Date of Birth: _____ Gender: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Number: _____ Parents' Name: _____

Father Cell: _____ Mother Cell: _____ Emergency Contact Name: _____

Emergency Contact Phone: _____ Health Insurance: _____ Policy #: _____

Email Address: _____

All compulsory level gymnasts are required to attend Summer Camp during the week of June 7th through June 11th.

If registered before May 1st, 2010: \$175

If registered after May 1st, 2010: \$200

There is no sibling discount for Optional or Compulsory Camps.

Assumption of Risk: I do agree to allow my child/children to participate fully in any of the programs at Atlanta North Stars Gymnastics knowing that proper safety precautions will be taken, but realizing that there is always potential for injuries and death. I do hereby release and hold harmless Atlanta North Stars Gymnastics, its officials, employees, instructors and volunteers from any and all liability.

Authorization of Medical Care: I hereby authorize Atlanta North Stars Gymnastics or anyone they may designate to treat my son/daughter for injuries or illness that may occur while participating in any activities. I authorize necessary treatment and admission for hospitalization designated by Atlanta North Stars Gymnastics. It is understood that the parents or their agents will be called upon to give additional authorization if advanced treatments are necessary.

Parent/Legal Guardian Signature: _____ Date: _____