

# Summer Fitness Program 2013



Child's Name: \_\_\_\_\_  
\_\_\_\_\_

Parents Names: \_\_\_\_\_

Parents' Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_

Emergency Phone Number (If different from above): \_\_\_\_\_

Allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill-in the amount of days your child will be attending next to the week(s):

Week #	Dates	Amount of Days	Weekly Cost
Example	June 1 <sup>st</sup> – 5 <sup>th</sup>	3 ½ Days	\$70
1	June 3 <sup>rd</sup> - 7 <sup>th</sup>		
2	June 10 <sup>th</sup> -14 <sup>th</sup>		
3	June 17 <sup>th</sup> -21 <sup>st</sup>		
4	June 24 <sup>th</sup> -28 <sup>th</sup>		
5	July 1 <sup>st</sup> -3 <sup>rd</sup>		
6	July 8 <sup>th</sup> -12 <sup>th</sup>		
7	July 15 <sup>th</sup> -19 <sup>th</sup>		
8	July 22 <sup>nd</sup> -26 <sup>th</sup>		
9	July 29 <sup>th</sup> -August 2 <sup>nd</sup>		
10	August 5 <sup>th</sup> -9 <sup>th</sup>		
TOTAL			

\*Rates are determined on a weekly basis. One day per week is paid by the day and cannot be carried over.

# United Gymstars & Cheer, LLC

“Experience the Excellence”

6100 Brewbaker Blvd. Montgomery, AL 36116

334-284-2244 fax 334-284-3807

## Summer Program Waiver

Child's (Children's) Name/s: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

The following individuals are authorized to pick up my child from United Gymstars  
(Must include: Name, Relation, and Phone Number):

1. \_\_\_\_\_
2. \_\_\_\_\_

Indicate any medicine your child is currently taking: \_\_\_\_\_

Indicate any medicine that United Gymstars can administer (i.e. Tylenol or Ibuprofen): \_\_\_\_\_

Indicate any medical conditions that may affect your child's behavior:  
\_\_\_\_\_

Indicate any allergies or restrictions of activity:  
\_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

\_\_\_\_\_ I fully understand and acknowledge that gymnastics and cheerleading activities have inherent risks, dangers, and hazards, and that my participation in such activities and/or use of equipment may result in injury including, but not limited to bodily injury, strains, fractures, and other disabilities.

\_\_\_\_\_ I, on behalf of myself, my personal representatives, and heirs hereby voluntarily agree to release, waive, discharge, hold harmless defend and indemnify United Gymstars & Cheer, LLC and its owners, agents, officers, and employees from any and all claims, actions or losses for bodily injury, property damage, and wrongful death or otherwise which may arise out of my use of equipment or my participation in gymnastics or cheerleading activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for negligent acts or other conduct by the owners, agents, officers, or employees of United Gymstars & Cheer, LLC.

\_\_\_\_\_ I understand and acknowledge that no medical insurance benefits will be provided to me during this activity and that I will be responsible for any medical bills that may result from my participating in gymnastics and/cheerleading.

\_\_\_\_\_ I, being the parent or guardian of the student, do hereby authorize United Gymstars & Cheer, LLC, its coaches, trainers, or any member of its staff, to obtain emergency medical treatment from any physician, hospital, or other qualified medical personnel or facility as needed in the event of accident or injury. I also agree to be responsible for all the costs of said emergency treatment.

\_\_\_\_\_ I, being the parent or guardian of the student, do hereby authorize my child's photograph to be used in advertisement for United Gymstars and Cheer, LLC.

**I have read, understand, and agree to all parts of this agreement.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Password