

SCATS Gymnastics SUMMER CAMP REGISTRATION

Student's Name _____ Age _____ D.O.B. _____ M / F
 Student's Name _____ Age _____ D.O.B. _____ M / F
 Student's Name _____ Age _____ D.O.B. _____ M / F
 Parent's Name _____ Phone _____ Cell _____
 Address _____ City _____ Zip _____
 Email _____
 Emergency Name _____ Relationship _____ Emergency # _____
 Medical Conditions / Allergies _____

2021 Summer Summed Up:

Week 1: June 28th—July 2nd **Handstand Week**
 Week 2: July 5th —July 9th **Cartwheel Week**
 Week 3: July 12th—16th **Bridge Week**
 Week 4: July 19th—23rd **Pullover Week**
 Week 5: July 26th—30th **Trampoline Week**

Week 6: August 2nd—6th **Beam & Pommel Week**
 Week 7: August 9th—13th **Flips & Rolls Week**
 Week 8: August 16th— 20th **Rings & Bars Week**
 Week 9: August 23rd—27th **Climbing Week**
 Week 10: August 30th— September 3rd **Mini-Olympics**

SECTION BELOW TO BE COMPLETED BY OFFICE. PLEASE COMPLETE REVERSE SIDE.

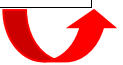
F=Full Day HD=Half-Day AM

	Mon	Tues	Wed	Thurs	Fri	E/C	Disc.	Total	PAID	Int
Week 1	/	/	/	/	/					
Week 2	/	/	/	/	/					
Week 3	/	/	/	/	/					
Week 4	/	/	/	/	/					
Week 5	/	/	/	/	/					
Week 6	/	/	/	/	/					
Week 7	/	/	/	/	/					
Week 8	/	/	/	/	/					
Week 9	/	/	/	/	/					
Week 10	/	/	/	/	/					



T-SHIRT: First Free, \$8 for additional shirts
 (Free t-shirt included with purchase of 1 week of full day camp or full day punch card)

Please sign & complete back



Permission Slip

I give permission for my child(ren) _____ to attend SCATS Gymnastics Summer Camp. I confirm that my child is in good health and that he/she has had a physical exam within the last six months. In the event of an emergency, I authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Acceptance of Camp Policies (Initials required for ALL items in order to complete registration)

_____ **Child Health & Safety:** I understand that I am duly responsible for my camper's behavior while on the premises of SCATS Gymnastics, including parking lots, restrooms, waiting areas or any other field trip destinations. **I will provide contact information and be available by phone in case of any emergencies or behavioral issues that may require immediate attention.**

_____ **Food & Water:** I understand I must provide lunch, snack and bring a refillable water bottle with their name on it. On special days SCATS will provide popsicles. I am responsible to provide food that meets my camper's special dietary needs or allergies and understand that there is a risk of exposure to various allergens despite all reasonable precautions taken.

_____ **Photos:** I understand that photos taken of my camper during camp activities may be used for SCATS promotional content and materials and *without* the use of names. While media collection *cannot* be opted out of in advance due to the number of participants, size of facilities, and nature of camp activities, photos and videos will be removed promptly from any platforms should a parent request so via email (please send removal requests to info@scatsgymnastics.com).

_____ **Payment & Reservation:** I understand that full payment for camp is due upon reservation. I understand that camp must be scheduled ahead with **no weekend reservations**, which requires a **minimum 48 hours notice**, I understand there is a \$25.00 charge for all returned checks and credit or debit chargebacks initiated.

_____ **Cancellation:** I understand that refunds are *not* issued for camp reservations. Full-week reservations may be rescheduled with a minimum 14 days notice. Individual punch card day reservations may be rescheduled with a minimum 72 hours notice.

_____ **Missed Camp Days:** I understand there is no credit given for missed camp days.

_____ **Late Pick-up:** I understand that I must be on time to pick up my child. Picking up your child late results in coaches staying past their work schedule and will result in a **late pick-up fee equivalent to \$1 per minute past the pick-up time and may impact enrollment eligibility.**

Release of Liability Waiver

Name of parent(s), guardian(s) and/or adult participant(s) _____
I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury or death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against SCATS Gymnastics, its owners, administrators, operators, coaches and other members, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, my child(ren), or the child(ren) under my guardianship, by reason of participation or membership in classes, lessons, or any programs or activities of SCATS Gymnastics.

Date

Signature of Parent or Legal Guardian