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2020 SUMMER CAMP

OPEN GYM - Ages 3-12 \$15.00/day 10:00 AM-1:00 PM

Open Gym is held on Wednesdays and Fridays from 10:00 am - 1:00 pm during the summer session. Spots may be reserved and paid for in advance or drop-ins are welcome on a first come first serve basis. Children may stay all or part of open gym. Payment is required at the time of service.

PLEASE CHECK ONE

WEDNESDAY _____ FRIDAY _____
DATE DATE

(PLEASE COMPLETE ONE FORM PER CHILD)

CHILD NAME: _____
ADDRESS: _____ CITY: _____ ZIP: _____
DOB: ____/____/____ AGE: ____ SEX: MALE FEMALE
EMAIL: _____ (PLEASE PRINT)
PARENT/GUARDIAN NAME: _____
PHONE CONTACT DURING CLASS HOURS: _____ ALTERNATE PHONE NUMBER: _____
EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE # _____
PHYSICIAN: _____ ALLERGIES/MEDICAL CONDITIONS: _____
INSURANCE: _____ POLICY #: _____

PAYMENT IS NON-REFUNDABLE, NON-TRANSFERABLE AND DUE WITH REGISTRATION

State of North Carolina Union County - Release Agreement and Assumption of Risk IN CONSIDERATION of the covenants herein contained and agreement with Southeastern Gymnastics, its officers, agents and employees, for my Child, Ward (check one)
(Insert Full Name) _____

to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics at Southeastern Gymnastics, I do hereby release and discharge Southeastern Gymnastics, its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have or claim to have, against Southeastern Gymnastics, its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of Southeastern Gymnastics and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics that can cause harm, injury or death. I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I hereby authorize any emergency medical treatment for my child by physician, health service or hospital.

Parent/Guardian Signature: _____ Date: _____

MY CHILD MAY BE PHOTOGRAPHED FOR PROMOTIONAL MATERIALS FOR SOUTHEASTERN GYMNASTICS. YES NO