



13601 Providence Rd  
 Weddington, NC 28104  
 www.southeasterngymnastics.com  
 southeasterngymnastics@gmail.com  
 (704) 847-0785

**2022 SUMMER CAMP**

**Preschool Gymnastics Camp - Ages 3 - 5½ \$185.00/week**

9:00 AM-1:00 PM, Monday - Thursday

June 20-23  July 18-21  August 15-18

**Tumble and Art Camp - Ages 5½ - 12 \$235.00/week**

9:00 AM-1:00 PM, Monday - Thursday

June 13-16  July 11-14  August 1-4  August 8-11

**(PLEASE COMPLETE ONE FORM PER CAMPER)**

CAMPER 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, Inc., its officers, agents, and employees, for My Child \_\_\_\_\_ My Ward \_\_\_ Myself \_\_\_\_\_ (check one) (FULL Name, Child) \_\_\_\_\_ to receive instruction in Gymnastics and all activities incidental thereto, or to engage in gymnastics at Southeastern Gymnastics, Inc., I do hereby release and discharge Southeastern Gymnastics Inc., 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 Inc., 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 understand the risks involved with contagious diseases including, but not limited to, those with pandemic involvement, and release and discharge Southeastern Gymnastics Inc., 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 Inc., its agents or employees as they relate to any personal illness, illness transmitted to others, and death or death of others resulting from all contagious diseases.

I agree to abide by the posted rules and regulations of Southeastern Gymnastics Inc, including those pertaining to financial responsibility, and agree to follow the instructions of the staff. I have read this release agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print) \_\_\_\_\_