



# SUMMER CAMP REGISTRATION

\*Please complete this form and return along with your payment.  
 Make your checks payable to Champions United Gymnastics Academy or CUGA

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

Birthday mm/dd/year \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_ F \_\_\_\_ M

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Previous Experience: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Medical problems, if any: \_\_\_\_\_

Please circle WEEKS, DAYS or BOTH for days of the Camp

June							July							August							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1	1	2	3	4	5	6							1	2	3
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	
23	24	25	26	27	28	29	28	29	30	31	25	26	27	28	29	30	31				
30																					

**OFFICE USE ONLY:**

# of weeks: \_\_\_\_\_ x \$249 = \_\_\_\_\_ + # of after care weekly: \_\_\_\_\_ x \$108= \_\_\_\_\_

# of days: \_\_\_\_\_ x \$56 = \_\_\_\_\_ + # of after care daily: \_\_\_\_\_ x \$24= \_\_\_\_\_

*Minimum of 2 days or add \$10.00; Drop-In Add \$10.00*

**MEDICAL RELEASE**

\_\_\_\_\_ I hereby state that the above named applicant has no physical or mental conditions that prohibit full vigorous participation in gymnastics. I also understand that it is my responsibility to inform Champions United Gymnastics Academy LLC (COGA) in writing of any physical or mental conditions that the staff should be aware of in dealing with enrollee during activities and/or in case of emergency. Staff accepts no liability of failure to inform them of any conditions or limitations. I am fully aware of and understand the risk, including the risk of catastrophic injury, paralysis, and even death as well as other losses associated with participation in gymnastics program. I understand that the above conditions and risk and enroll the above named person at his/her/my own risk. I hereby indemnify and hold CUGA LLC, Its officers, directors, employees, agents, representatives, successors, and/or assigns, harmless from and against any and all risk and liability assumed by or on behalf of the student, excepting them from acts of gross negligence by COGA's Staff. I understand that CUGA LLC is not liable for personal injuries to the applicant's family members and their guests as they use the facility at their own risk.

**RULES AND REGULATIONS**

\_\_\_\_\_ Champions United Gymnastics Academy LLC requires all of family, friends, and guest parents to stay outside of gymnastics facility and are welcome to observe from the lobby area. No exceptions to this rule for insurance purposes. Two MAKE UPS per month is allowed by calling and scheduling. Under no circumstances make up can be transferred to other students, and refund or credit be applied. CUGA reserves the right to make changes to its Rules and Regulations whenever it is necessary for safety purposes or other good cause. CUGA reserves the right to revoke membership of any member in case of disruptive behavior or a delinquent attitude of a member or his/her family or friends while on the premises or surrounding grounds.

I do hereby verify that I understand and accept each of the above polices and conditions.

Signature of Parent, Guardian or Participant (if over 18) \_\_\_\_\_ Date \_\_\_\_\_