

**WILDFIRE GYMNASTICS LAKE FOREST SUMMER CAMP REGISTRATION 2019**



<b>CHILD</b>	Child's Last Name	Child's First Name	Birthday	Gender	
	List any friends your child would like to be grouped with			Grade in Sept	
List any pertinent medical conditions (allergies, asthma, health conditions, medications, etc)					

Discounts are only applied to siblings signing up for the same week of camp. Discounted rate is applied to the lesser amount. Registrations within one week of camp, if accepted, will incur a late fee of \$15 per child per week. No refunds.

**\*\*SIGNED RELEASE REQUIRED FOR ALL PARTICIPANTS\*\***

Week	Dates	Half Day		Full Day		EDO	Late Fee	Total
		Reg.	Sibling	Reg.	Sibling	#Days x \$7 (\$5 Sibling)	\$15 per child	
1	6/10-6/14	\$ 160	\$ 145	\$ 260	\$ 245	M T W Th F \$ _____		
2	6/17-6/21	\$ 160	\$ 145	\$ 260	\$ 245	M T W Th F \$ _____		
3	6/24-6/28	\$ 160	\$ 145	\$ 260	\$ 245	M T W Th F \$ _____		
4	7/8-7/12	\$ 160	\$ 145	\$ 260	\$ 245	M T W Th F \$ _____		
5	7/15-7/19	\$ 160	\$ 145	\$ 260	\$ 245	M T W Th F \$ _____		
6	7/22-7/26	\$ 160	\$ 145	\$ 260	\$ 245	M T W Th F \$ _____		
7	7/29-8/2	\$ 160	\$ 145	\$ 260	\$ 245	M T W Th F \$ _____		
8	8/5-8/9	\$ 160	\$ 145	\$ 260	\$ 245	M T W Th F \$ _____		

**PARENT CONTACT INFORMATION (REQUIRED)**

Parent 1 Name	Parent 1 Phone	Parent 1 Email	Best Contact Method
Parent 1 Address			Same as Child
			Y N
Parent 2 Name	Parent 2 Phone	Parent 2 Email	Best Contact Method
Parent 2 Address			Same as Child
			Y N

**NON-PARENT EMERGENCY CONTACT INFORMATION (REQUIRED)**

Emergency Contact Name	Emergency Contact Phone	Emergency Contact Email	Relation to Child

**OFFICE USE ONLY**

Total Due	Date Paid	Type	Rec'd By	Info Input	Pmt Input	Enrolled in iClass	Release	Receipt

**Wildfire Gymnastics Camp Release Form 2019**  
**ASSUMPTION OF RISK-INDEMNITY AGREEMENT**

THIS AGREEMENT IS MADE IN FAVOR OF WILDFIRE GYMNASTICS, INC. (HEREINAFTER KNOWN AS "WILDFIRE"), THEIR RESPECTIVE EMPLOYEES, AGENTS AND INSTRUCTORS, TO INDUCE THEM OR ANY OF THEM TO PERMIT THE UNDERSIGNED AND/OR ANY MINOR CHILDREN OF THE UNDERSIGNED TO RECEIVE INSTRUCTION AND UTILIZE EQUIPMENT OWNED OR OPERATED BY WILDFIRE IN GYMNASTICS TRAINING AND INSTRUCTION. I RECOGNIZE THAT GYMNASTICS, IN ANY FORM, AND THE TRAVEL ASSOCIATED THEREWITH INVOLVE A HIGH DEGREE OF RISK OF PERSONAL INJURY AND I ASSUME THE RISK OF ALL SUCH ACTIVITIES WITH WILDFIRE. I EXPRESSLY RELEASE AND AGREE TO DEFEND AND INDEMNIFY WILDFIRE, THEIR RESPECTIVE EMPLOYEES, AGENTS AND INSTRUCTORS, FROM ANY AND ALL CLAIMS, DEMANDS AND LIABILITIES FOR INJURY TO THE UNDERSIGNED AND/OR MY SAID ACTIVITIES. IT IS THE INTENTION OF THIS DOCUMENT THAT THE UNDERSIGNED ASSUMES ALL RISK OF INJURY TO THE UNDERSIGNED AND THE MINOR CHILDREN OF THE UNDERSIGNED AND THAT PARTIES TO WHOSE BENEFIT THIS AGREEMENT INSURES BE FREE OF ALL LIABILITY AND DAMAGES FOR ANY SUCH INJURIES AND BE INDEMNIFIED, DEFENDED AND HELD HARMLESS BY THE UNDERSIGNED FOR ALL RISK AND DAMAGES ASSOCIATED THEREWITH.

**PERMISSION TO TREAT**

I FULLY UNDERSTAND WILDFIRE GYMNASTICS STAFF MEMBERS ARE NOT PHYSICIANS OR MEDICAL PRACTITIONERS OF ANY KIND. WITH THE ABOVE IN MIND, I HEREBY RELEASE THE WILDFIRE STAFF TO RENDER TEMPORARY FIRST AID TO MY CHILD OR CHILDREN IN THE EVENT OF INJURY OR ILLNESS, AND IF DEEMED NECESSARY BY WILDFIRE STAFF TO CALL OUR DOCTOR AND SEEK MEDICAL HELP, INCLUDING TRANSPORTATION BY WILDFIRE MEMBER OR ITS REPRESENTATIVES, WHETHER PAID OR VOLUNTEER, TO ANY HEALTH CARE FACILITY OR HOSPITAL, OR CALLING OF AN AMBULANCE FOR SAID CHILD SHOULD WILDFIRE STAFF DEEM THIS NECESSARY.

**Wildfire Camp Photo Release**

I, \_\_\_\_\_, the parent of a child/children at **Wildfire Gymnastics** , agree to the following:

I understand that my child(ren) whose name(s) are listed on this registration form may be photographed at Wildfire Gymnastics during normal camp hours. I understand that these photographs may be used in promoting future Wildfire Gymnastics camps, either in print or on Wildfire's Social Media; Instagram, Facebook, Twitter. With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Wildfire's camps. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Circle and initial below:**

**Yes** \_\_\_\_\_ / **No** \_\_\_\_\_

**\*\*There are no refunds for camps held at Wildfire Gymnastics, all payments are final\*\***

**I HAVE READ, UNDERSTAND AND CONCUR WITH THE ABOVE, ALONG WITH THE POLICIES AND GUIDELINES OF WILDFIRE GYMNASTICS.**

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

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

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