

Mail to: Gymnastics Michiana
3390 N. Home St.
Mishawaka, IN 46545

Application Form

Camp Fees: Only \$179
Both weeks: Only \$335!

Name _____ Birthdate ____ - ____ - ____ Contact Number (____) ____ - ____

Address _____ City _____ State _____ Zip Code _____

Emergency Contact _____ Relationship to child _____ Phone _____

Week(s) Attending: June 14 - 18 June 21 - 25 T-Shirt Size: CS CM CL CXL/AXS AS AM AL AXL
(circle one) FREE if paid in full by June 1st!

As legal guardian of the above listed child, hereafter, Child, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and team game play. Being fully aware of these dangers, I voluntarily consent to the aforementioned Child participating in any and all of Gymnastics Michiana's programs and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing Me and my Child to use these facilities, I, on behalf of my Child and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gymnastics Michiana, its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by my Child while under the instruction, supervision, or control of Gymnastics Michiana, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. In the event of emergency, I would like my Child to be taken to a hospital for medical treatment and I hold Gymnastics Michiana and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my Child as a result of any injury sustained while participating at Gymnastics Michiana. By participating in activities here at Gymnastics Michiana, you are granting your permission for you and your Child to be filmed, videotaped, audiotaped, and/or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement.

Parent/Guardian Signature _____ Date _____

* Please enclose a \$25 Deposit for EACH week of camp you are attending. I am enclosing: Deposit Full Amount

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(574) 256-0502
gymmichiana.com

2010

Gymnastics
Michiana



Girls Day
Camp

June 14th - 18th

&

June 21st - 25th