

GYMKHANA SUMMER CAMPS

GYMNASTICS & TUMBLING DAY CAMPS

- Camp in June & July – Monday thru Thursday 9:00am – 1:00 pm – bring a sack lunch
 - Boys & Girls of all skill levels welcome, Ages 5 & up
 - \$150 per week

***Early sign-up offer: \$425 for 3 weeks or \$525 for 4 weeks**

Good for Same Child only must register & make payment by May 1st, 2024

Check the Box	WEEK	START DATE	END DATE	FOR	EVENTS
	1	June 10, 2024	June 13, 2024	Boys & Girls	Gymnastics / Tumbling
	2	July 8, 2024	July 11, 2024	Boys & Girls	Gymnastics / Tumbling
	3	July 22, 2024	July 25, 2024	Boys & Girls	Gymnastics / Tumbling
	4	July 29, 2024	August 1, 2024	Boys & Girls	Gymnastics / Tumbling

Parents must register their children in the Gymkhana Pro Shop

HURRY AND SIGN UP NOW!!!

***** **PARTICIPANT INFORMATION** *****

participant's full name: _____ male/female (m/f): _____ age: _____ date of birth: _____

participant t-shirt size: _____ any relevant health limitations (injuries, allergies, etc.)? _____

***** **PARENT / GUARDIAN INFORMATION** *****

parent/guardian's full name: _____

address: _____

city, state & zip: _____

home phone: _____ cell phone: _____

***** **CONSENT & INSURANCE & WAIVER & INDEMNITY & EMERGENCY** *****

As Parent/Guardian of the above-identified Participant, or as the Participant myself, I hereby consent to his/her/my participation in the above-identified Special Activity. I am fully aware of the risks and hazards associated with this Activity, including the risk that the Participant may suffer catastrophic injury, paralysis, or even death, and I voluntarily assume all such risks. I confirm that the Participant is covered by proper Health, Medical, and/or Accident insurance, which I consider adequate for both the Participant's protection and my own protection. IN CONSIDERATION OF THE PARTICIPANT BEING ALLOWED TO PARTICIPATE IN THE SPECIAL ACTIVITY, I, INTENDING TO BE LEGALLY BOUND, ON BEHALF OF MYSELF, THE PARTICIPANT, THE PARTICIPANT'S OTHER PARENT(S)/GUARDIAN(S), AND OUR SUCCESSORS AND ASSIGNS (COLLECTIVELY "MY FAMILY"), HEREBY WAIVE AND RELEASE ANY AND ALL RIGHT AND/OR CLAIM FOR DAMAGES WHICH MY FAMILY MAY HAVE AGAINST GYMKHANA GYMNASTICS CLUB, INC. OR ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS (COLLECTIVELY "GYMKHANA"), FOR ANY AND ALL LOSSES, INJURIES, AND/OR DAMAGES THAT MAY BE SUSTAINED AND/OR SUFFERED BY MY FAMILY IN CONNECTION WITH OUR ASSOCIATION WITH GYMKHANA. I FURTHER AGREE, ON BEHALF OF MY FAMILY, TO DEFEND, INDEMNIFY, AND HOLD GYMKHANA HARMLESS FROM AND AGAINST ALL CLAIMS, LIABILITIES, COSTS, AND EXPENSES (INCLUDING ATTORNEY'S FEES) FOR SUCH LOSSES, INJURIES, AND/OR DAMAGES. I hereby give my permission for Emergency Medical Treatment of the Participant by a qualified and licensed Medical Doctor if, after a reasonable effort has been made, I cannot first be contacted.

Signature: _____ Date: _____

Parent/Guardian Name (please print): _____