



Northern Stars Gymnastics Inc.

27 Hooper Road, Unit # 9, Barrie, ON (705) 719-6461

<http://www.northernstargymnastics.com>

SUMMER CAMP REGISTRATION FORM

Child's Last Name: _____ First Name: _____

D.O.B. Year: _____ Month: _____ Day: _____ Age: _____ Gender: _____

Address: Street _____ City _____ Postal Code _____

Parent / Guardian Name: _____ e-mail: _____

Phone Home: (____) _____ Work/Cell: (____) _____

Emergency Contact: _____ Phone: (____) _____

Medical Concerns (physical and/or mental conditions, allergies, medications etc.):

Summer Day Camp Programs Ages 4 and up

Full Day Program: 9:00am to 4:00pm, \$170.00 per week

Half Day Camp: 9:00 to 12 noon, \$120.00 per week

Annual GO/Administration Fee (July 1, 2011 - June 30, 2012) **is additional.**

Refund Policy All refunds / credits are subject to a \$20.00 administration fee. Minimum two (2) business day written notice is required to withdraw before the start of Camp week. If written notice is submitted less than two (2) business days prior to the 1st day, the refund will be subject to the admin fee and cost of the 1st day. Sorry, NO REFUNDS can be provided after the 1st day.

Camp Week	Dates	Full Day \$170/wk	Half Day \$120/wk	Pre-Care	Post-Care	GO Fee \$35.00	Total Amount
1	July 4 – 8						
2	July 11 – 15						
3	July 18 – 22						
4	July 25 – July 29						
5	Aug 2 – Aug 5 (4 days)						
6	Aug 8 – 12						
7	Aug 15 – 19						
8	Aug 22 - 26						

Please **READ** and **SIGN** the back of this form. Thank you

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

Permission to Participate: I, the undersigned, fully understand and accept the risks inherent to the activities and give permission for the athlete to participate in gymnastics without restriction. I freely accept all responsibility for medical, dental, and accident insurance for the athlete.

AWARENESS AND ASSUMPTION OF RISK

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Northern Stars Gymnastics Inc., its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Northern Stars Gymnastics Inc. and OTHERS". I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Northern Stars Gymnastics Inc. accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against Northern Stars Gymnastics Inc. and OTHERS.
2. To release the Northern Stars Gymnastics Inc. and OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Northern Stars Gymnastics Inc. and OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.
5. Northern Stars Gymnastics and Gymnastics Ontario strive to create a safe and controlled environment for participation and have established rules of conduct in and around the gymnastic area that must be followed. I understand that failure to comply with any of the policies and rules of Northern Stars Gymnastics / G.O. may result in the suspension or termination of membership.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST NORTHERN STARS GYMNASTICS INC. AND OTHERS.

Signed this _____ day of _____, 20____.

X _____
Signature of Applicant (parent or guardian if under 18)

Witness

Please Print Name Clearly

Please Print Name Clearly

Authorization for Medical Services:

Should the athlete suffer injury or illness while participating, I hereby give permission to the Club and its personnel to authorize such medical attention as may be deemed necessary in the event either myself, or the designated Emergency Contact cannot be reached in a timely manner.

Parent/Guardian Signature: X _____, Date: _____