

Gymnastics East • Issaquah Dance Theatre Inc.

SUMMER CAMP REGISTRATION FORM

Register Online www.issaquahdance.com or call 425 391 2632.
Payment in full is required at time of registration to hold your spot.

Child's Name _____ Age: _____ DOB _____

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Camp Date: M-Th July 26th - July 29th Camp Time: 9:00a.m. - 5:00 p.m

Cash Amount _____ Check Amount _____ Credit Card Amount _____

CC # _____ Exp. Date: _____

Name as it Appears on Card _____

T-shirt Size: YS YM YL AS (check one)

Parent or Guardian Name: _____ Phone _____

Address _____ Mobile _____

Other Important Numbers/Contact _____

Medical condition? Yes No (Attach details if Yes) Email _____

Emergency Contact: Name _____ Phone _____

Waiver & Release

General: In consideration of allowing the below named student to enroll in a gymnastics and basketball school and inflatable bounce program and the use by the students of the premises and the property of said schools and entities, the undersigned, being the legal and acting guardians of the student, acting for themselves and on behalf of the student, release and hold harmless Gymnastics East Inc., and Issaquah Dance theatre Inc., their owners, officers and employees of and for any and all liability, claims, actions and causes of actions whatsoever, arising out of or relating to any loss, damage or injury that may be sustained by the student while in, on, or upon the premises of Gymnastics East Inc., or Issaquah Dance Theatre Inc.

Medical Attention: The undersigned, being duly aware of the risks and hazards inherent upon participation in the classes, activities, and events being conducted by Gymnastics East Inc., & Issaquah Dance Theater., acting for themselves and the student, hereby elect voluntarily to enter upon said premises under the control of said corporations, knowing their present condition. The undersigned acting for the themselves and the student, hereby voluntarily assume all risks of loss, damage, or injury that may be sustained by the student while in said premises described above. In the event of any incident which may require immediate medical / dental or any other emergency attention / care, in which the Legal Guardian cannot be notified in a responsible time through reasonable means, I hereby authorize Gymnastics East or Issaquah Dance Theatre Inc. to take all necessary actions as it relates to immediate medical training attention, transportation and emergency medical services as warranted in the course of care of the undersigned student. I realize that I will be responsible for all fees and expense as they may relate to this medical attention paragraph.

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a gymnastics, basketball or bouncing event. I further agree that Gymnastics East Inc., & Issaquah Dance Theatre Inc. along with its employees, agents, officers, and directors shall not be liable for any losses, expenses, or damages occurring as a result of the below names student's participation in the class, activities or event except where such loss of damage is the result of the intentional or reckless conduct of one of the groups or individuals identified above.

Acknowledgement: This release shall be binding upon distributees, heirs, next of kin, executors and administrators of the student and undersigned. In signing this release the undersigned hereby acknowledges:

- That he or she has read this release, understands it and signs it voluntarily.
- That the undersigned signing as legal guardian is true legal guardian.

Cancellation Policy: *I understand that full payment must be made at time of registration and will not be refunded unless the spot can be filled in which case all but \$25 cancellation fee will be refunded.*

Student Name _____ Date _____

Legal Guardian Signature _____

(Initial) Due to insurance regulations, adults and unenrolled siblings are NEVER allowed in the gym/studio or play area or on any equipment.