

New River Valley Gymnastics
Summer Camp 2010 Registration and Release Form

Participant: _____ Male Female Birthdate: _____

Home Address: _____
Street City State Zip

Telephone No: Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

I do hereby release Epperly Elite Gymnastics, Inc. and its employees of any liability or responsibility in the event of personal injury sustained by my son /daughter. If I cannot be reached in case of an emergency, the Epperly Elite Gymnastics staff has my permission to arrange transportation via rescue squad for my son/daughter to the emergency room of a hospital for the purpose of receiving medical treatment that may be deemed necessary by the emergency room doctor. I understand that if the participant exhibits any behavior harmful to him/herself or others during the activity, the staff reserves the right to exclude him/her from that activity. I give permission for the use of photographs of my child to promote the programs of this school in the media.

Parent _____ Parent/Guardian _____
[Print] [Sign]

CAMP DATES ATTENDING: _____

OFFICE USE: Payment Received: \$ _____ CK#: _____ Date: _____