**Registration Form**

**\*\*\*PLEASE NOTE THAT FINAL PAYMENT IS DUE 60 DAYS PRIOR TO THE EVENT\*\*\***

**In the event of injury or other circumstance the balance payment is transferable to**

**another camp date but not refundable as we are committed to expenses.**

**CAMP ATTENDING:**

|  |  |
| --- | --- |
| **CAMP DATE:** | **LOCATION: Las Vegas / Boston** |

Each camper/participant (gymnast, coach, &/or judge) will need to fill out a separate registration form.

Please download, print, and fill out all of the information on this form thoroughly. Without all of your information filled in properly, it will not guarantee your admissions spot and will slow down your registration processing.

Registration will NOT be processed without a fully completed application form and a security deposit of $260. Please be aware that space is limited, and your spot is not held without this form and the deposit.

Please fax all completed applications to: (702)434-1229

If a fax is not available, you may email or mail your form to [academyofgymnastics@yahoo.com](mailto:academyofgymnastics@yahoo.com)

or 1000 Stephanie Pl. Suite #1 Henderson, NV 89014

(Please note that mailed registration forms will take a few days longer to be received and processed.)

**STUDENT INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** | | | | | **First Name:** | | | | |
| **Date of Birth:** | | | | **Age:** | | | **Level:** | | |
| **Leo Size:** | **CXS** | **CS** | **CM** | **CL** | **AXS** | **AS** | **AM** | **AL** | **AXL** |

***Medical Insurance Information for Gymnast:***

|  |  |
| --- | --- |
| **Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Policy Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PARENT/GUARDIAN INFORMATION:**

|  |  |
| --- | --- |
| **Name:** | |
| **Address:** | |
| **City:** | **State/Zip:** |
| **Phone:** | **Secondary Phone:** |
| **Email:** | |
| **Referred by:** | |

**CLUB INFORMATION:**

|  |  |
| --- | --- |
| **Club Name:** | |
| **Address:** | |
| **Office Phone:** | **Secondary Phone:** |
| **Email:** | |

CAMP FEES: $760 Total

\*A $260 deposit is due upon registration.

\*The final balance of $500 will be due 60 days before the first day of camp.

\* One coach per gymnast is FREE (coaches without a gymnast are $350).

(Please note that if final payment is not paid 60 days before the first day of camp, gymnasts will lose their camp spot and there will be NO refund for the $260 deposit.)

\*NEW\* We are going to provide each athlete with an Athlete Page Profile.

Please be aware of registration criteria for your gymnast:

\*Gymnast must turn 6 years old within the calendar year.

\*Gymnast must register with a coach’s approval and recommendation.

\*Gymnast cannot attend without their coach’s attendance and participation.

(Please note that if your gymnast registers, but does not meet these requirements, their deposit is still nonrefundable, and they will NOT be permitted to attend the camp.)

**COACH INFORMATION:**

|  |  |
| --- | --- |
| **Last Name:** | **First Name:** |
| **Phone:** | **MALE/FEMALE** |

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Coaches Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** |

**PHOTO RELEASE**

The Academy of Gymnastics & Make It Right Gymnastics Camp has my permission to use my child’s photographs publicly to promote the Camp. I understand that the images may be used in print publications, online publications, presentations, websites, and all other social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent or Guardian Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** |

**WAIVER**

By the very nature of the activity, gymnastics, dance, cheerleading and karate carry a risk of physical injury. No matter how many spotters are used, no matter what height the equipment used or what landing surfaces exist, the risk cannot be eliminated. The risk of injury not only includes minor injuries such as bruises and more serious injuries such as broken bones, dislocation and muscle pulls, but also may include catastrophic injuries such as permanent paralysis or even death from landings or falls on the back of the head. Upon signing this form, I have read the assumption of risk and understand all of its terms. I have advised my child of the risks involved. This is a full release of any and all claims given in consideration for the Academy of Gymnastics & Make It Right Gymnastics Camp, 1000 Stephanie Place, #1 Henderson, Nevada, its owners and employees or any sponsors from and all damages and or personal injury that may occur in any connection with our programs.

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent or Guardian Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** |

**Credit Card Authorization Form**

**STUDENT INFORMATION:**

|  |  |
| --- | --- |
| **Last Name:** | **First Name:** |

**CARDHOLDER BILLING INFORMATION:**

|  |  |
| --- | --- |
| **Name:** | |
| **Address:** | |
| **City:** | **State & Zip:** |
| **Phone:** | **Secondary Phone:** |
| **Email:** | |

**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS BELOW:**

**OPTION #1: FULL BALANCE TO BE RUN AT TIME OF REGISTRATION:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (card holder), herby authorize The Academy of Gymnastics and Dance, to charge my credit card account in the amount of $760, for the Make It Right Gymnastics Camp, due at the time of registration.

**OPTION #2: DEPOSIT TO BE RUN AT TIME OF REGISTRATION, AND FULL BALANCE TO BE RUN 60 DAYS PRIOR TO THE FIRST DAY OF CAMP:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (card holder), herby authorize The Academy of Gymnastics and Dance, to charge my credit card account in the amount of $260, for the Make It Right Gymnastics Camp, due at time of registration, and the balance of $500 to be run 60 days prior to the event.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **VISA** |  | **MasterCard** |  | **American Express** |  | **Discover** |

|  |  |
| --- | --- |
| **Credit Card Number:** | |
| **Expiration Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_** | **Security Code (# on back):** |
| **Authorization Valid Until:** | |

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cardholders Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** |