

2019 New Vision Training Center Summer Camp Registration and Health Form

Students Name _____ Gender _____ DOB _____ Age _____

Responsible Party, Parents or Guardian:

Father _____ Mother _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Father's Cell _____ Mother's Cell _____

Emergency (other than parent) Name _____ # _____

E-mail Address (print neatly) _____

MEDIA RELEASE

Initial

New Vision Training Center may take pictures and/or video during class. These pictures and/or video will be used for media/advertising purposes only. If you would like to opt out of the Media Release please fill out and return the form located at the front desk.

PAYMENT SCHEDULE AGREEMENT

Initial

I understand that Summer Camp may be registered for and paid for in up to four payments according to the payment schedule below. I understand that if payments are not paid by the due date, there is no guarantee that there will be availability for my child to participate. If there is availability, I understand I will be charged a late payment fee of \$5. Additionally, I understand that any schedule changes made within any of the 4 pay periods will incur a \$10 processing fee.

CLUB WAIVER AND RELEASE

We the staff of New Vision Gymnastics II Inc recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, ninja training, parkour, bouldering, tumbling, cheerleading, and swimming. While safety is our number one priority, students may suffer injury, possibly minor, serious or catastrophic in nature. It must be recognized that any sport involving height and motion can lead to injury.

New Vision Gymnastics II Inc, its coaches and its staff members are not liable for injuries sustained by students or spectators during the course of any of its programs, or on any of the NVTC premises. With this in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by New Vision Gymnastics II Inc. I, my executors or other representatives, waive and release all claims that my child or I may have against New Vision Gymnastics II Inc. and its representatives, whether paid or volunteer.

I, being the parent or legal guardian of the above child, have read and understand the above waiver and give my permission of emergency medical treatment to be provided for my child should I not be available.

Parent/Guardian Signature _____ Date _____

Does your child have any medical issues that we should be aware of such as asthma?

Please list or write on back of this form _____

Do you have Health Insurance? _____ Medicaid _____

As Parent or Guardian or Grandparent I acknowledge that gymnastics is a strenuous physical sport and I certify that my child is in good health and physical condition and is fully able to participate in the program at New Vision Gymnastics II Inc. I further understand that I am financially responsible for all medical treatment.

Parent/Guardian Signature _____ Date _____

For Office Use Only			
Week 1 _____	Week 2 _____	Week 3 _____	Total _____ (Due May 15 th)
Week 4 _____	Week 5 _____	Week 6 _____	Total _____ (Due June 5 th)
Week 7 _____	Week 8 _____	Week 9 _____	Total _____ (Due June 26 th)
Wk 10 _____	Wk 11 _____	Wk 12 _____	Wk 13 _____ Total _____ (July 17)
Total Amount Due _____		Total Paid _____	Balance _____