

2016 SUMMER PARKOUR DAY CAMP

CAMP ATTENDANCE

PLEASE CHECK THE WEEK OR DAYS THAT YOUR CHILD WILL BE ATTENDING

Child's Name:

Please place a check mark following the dates on which you plan on bringing your child.
If you plan on attending on a daily basis, please check a minimum of three days per week.

Parkour Camp Dates

June 20th-24th Week 1

MON TUES WED THUR FRI

July 11th-15th Week 2

MON TUES WED THUR FRI

**\$80 DAILY (3 DAY MINIMUM)
OR \$350 WEEKLY**



Call Today (310) 204-1980

Los Angeles School of Gymnastics
HEALTH INFORMATION/RELEASE FORM

Camper's Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Phone Number (____) _____ Email _____

Health/Accident Insurance Company _____ Policy Number _____

Allergy to Any Medication, Food, Plant, Animal, or Insect Toxin? Yes [] No []

Explain (if yes) _____

Any Condition that may require special care, medication, or diet? Yes [] No []

Explain (if yes) _____

Mother's Name: _____ Phone _____

Fathers Name: _____ Phone _____

Emergency Contact Name: _____ Phone _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the LA School of Gymnastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and even death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue LA School of Gymnastics, its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes claim against any of the Releasees I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may occur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Signature of Participant (or parent/legal guardian if under 18 years)

Emergency Consent to Treat

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid myself, _____ and prevent further injury and/ or death. I give permission to the emergency care physicians, support personnel and the LA School of Gymnastics to do what they deem necessary in my best interests.

Parent or Guardian Signature

**PARENTS AUTHORIZATION FOR CUSTODIAN'S CONSENT TO
MEDICAL CARE FOR MINOR**

Pursuant to California Civil Code Section 25.8

The undersigned do hereby authorize Los Angeles School of Gymnastics or such substitute as it may designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by an to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act or of any dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. The undersigned hereby authorizes any hospital which has provided treatment to the minor to surrender physical custody of the minor to the agent upon the completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety code of California. This authorization will remain effective for one year from the date of signature while the above minor is enroute to or from or involved or participating in any gymnastic program or activity of the Los Angeles School of Gymnastics, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

SIGNATURE _____
(Parent or Guardian)

DATE _____


IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____



- Print form. Complete and sign form. Any questions call 310-204-1980.
- Include photocopy of credit card (front and back). Copier to light setting or image will fax to dark.
- Include copy of cardholder's drivers license.
- FAX to (310) 204-6864

Class No.											
Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover								
Credit Card Number											
Expiration Date											
CID (card id #)	Last 3 digit number on the back of your card										
											
BILLING ADDRESS											
Cardholder Name											
Company											
Address											
Address											
City/State/Zip											
Telephone											
AUTHORIZATION TO CHARGE CREDIT CARD											
I, _____, hereby authorize LA School of Gymnastics to charge my credit card account in the amount of \$ _____											
X _____ Date: _____											
Print Name: _____											
AUTHORIZATION SIGNATURE											