

A.A.G.A. SUMMER CAMP

Student's Name: _____ F _____ M _____

Address: _____ City: _____ Zip: _____

Birthday: _____ - _____ - _____ Age: _____ Grade in School: _____

Telephone: Home: (_____) _____ Cell Phone: (_____) _____

Billing Address if different:: _____

Emergency Contact: _____ Emergency Phone: _____

Guardian's Name: _____ Work Phone: (____) _____

Guardian's Name: _____ Work Phone: (____) _____

Required Email:

(A.A.G.A. is Earth friendly facility and to limit the excessive waste of paper use we are using "E-mail Updates" to communicate with our customers.)

Does your child have any allergies? If so, please specify if allergen and if reaction is caused by contact, ingestion, ect.

If yes, please specify reaction and treatment needed:

Does your child have any medical conditions or special needs we should be aware of? If yes, please specify:

Is your child on medication that s/he will need to take during camp? (Please also complete the separate medication administration form) YES / NO

(Please note, this information will be kept on a need-to-know basis for camp staff only. We request this information to provide the best camp experience possible for your child.)

Please Check that the following have been received PRIOR to the start of camp:

Health Form turned into AAGA (Requirement per the board of health, **NO** child will be admitted without this turned in)

A Copy of AAGA Summer Camp Policies for you to review and keep

Acknowledgment of Risk and Waiver of Liability

I the parent or legal guardian of _____ hereby expresses my desire and approval for my, and/or my child's participation in programs at All Around Gymnastic Academy Inc. We recognize that gymnastics is a sport that involves height, rotation of the body and inflatable's, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against All Around Gymnastic Academy Inc and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to us or any of our children while on the premises of or under the instruction, supervision, or control of All Around Gymnastic Academy Inc. We hereby testify to ours and our child's sound health of mind and body and we authorize All Around Gymnastic Academy Inc to seek medical treatment at the nearest medical facility in case of emergency.

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Signature of Parent the Legal Guardian: _____ Date: _____