

Paulding Gymnastics
Summer Camp Enrollment Form
2012

Date _____ Child's Name _____
Expected Drop off time _____ Expected pick up time _____

() Male () Female Birthdate _____ Shoe Size (for bowling) _____ Age _____
Address _____ Zip _____
Telephone _____ School _____
Email address _____

Parents:

Mother _____ Employer _____
Address _____ Home phone _____
Cell _____ Work Phone _____
Father _____ Employer _____
Address _____ Home Phone _____
Cell _____ Work Phone _____
Emergency Contacts _____

The child may be released to the person signing this agreement or to the following:

Name	Address	Phone

Child's Physician _____ Phone _____

The child has the following special needs _____

Please list any food allergies or medical conditions/disabilities we need to be aware of: _____

Does your child need to be in a car/booster seat? () Yes () No (If yes, you must provide PG with seat)

Can your child swim? () Yes () No We will be visiting West Cobb Aquatic Center on Wednesday afternoons.

Does your child need to wear a lifejacket in shallow water? () Yes () No; Deep water? () Yes () No

Can your child jump from the diving board? () Yes () No High Dive? () Yes () No

Can your child go into the deep end of the pool? () Yes () No

Special Pool Instruction _____

Initials _____

TRANSPORTATION AGREEMENT

This is to certify that I give PG permission to transport my child _____ to various field trips throughout the summer. A list of scheduled destinations is listed below. In the event that my child is not to be transported as outlined above, I agree to notify PG in writing each day. Note: If a car seat or booster seat is required, one must be provided.

Scheduled destinations:

Hiram 278 Movies

Cobb Aquatic Center

Taylor Farms Park

Paulding Bowling Alley

Silver Comet Trail

Other approved field trips

_____ Date _____
Signature of Parent

Please read before signing:

We hereby understand that we are responsible for the above registered student's weekly camping fee, due at the beginning of each week. We understand that we will incur a \$5 late fee if this tuition is not paid by Friday of the same week. We also understand that we will incur a late fee of \$5 per 15 minutes for every minute past 6:00pm that we pick our child up. We also understand that there will be a \$20 fee for any check returned for any reason. We furthermore recognize that there is a substantial risk of injury arising from the student's participation in the gymnastics programs at Paulding Gymnastics. We, the parents or legal guardians of the above registered camper, do hereby agree to indemnify and hold harmless the said Paulding Gymnastics, its officers, instructors, employees and representatives from any and all liability, loss, or damage, including reasonable attorney's fees resulting from claims, causes of action, demands, and costs of judgments against the said Paulding Gymnastics. We further expressly give the staff of Paulding Gymnastics the power to consent to medical treatment during an emergency situation for the health and safety of our child in the event that we cannot be contacted.

Parent or Guardians Signature:

Date:

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____, suffer any
Child's name Date of birth

Injury or illness while in the care of Paulding Gymnastics and the facility is unable to contact me immediately, Paulding Gymnastics shall be authorized to secure such medical attention and care for my child as may be necessary. I agree to keep Paulding Gymnastics informed of changes to telephone numbers where I can be reached.

Paulding Gymnastics agrees to keep me informed of any incidents requiring professional attention involving my child.

Child's primary source of health care is:

Physician's Name Phone Number

Known medical conditions or allergies:

Current Prescribed medications:

Please notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Medical facility used by gym: Paulding Wellstar Address: 600 West Memorial Dr., Dallas, GA 30132

In the event of an emergency involving my child, and if Paulding Gymnastics cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature of Parent/guardian _____

Witnessed by _____ Date _____