Ultimate Fusion Preschool Gymnastics Camp

Participant's Name: _____

Age: _____ **Birth Date:** _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Current Level:** _____

Email: _____ **T-Shirt Size (circle one):** **CS** **CM** **CL** **CXL**

AXS **AS** **AM** **AL** **AXL**

Parent/Guardian Name: _____

Home Phone #: _____ **Mobile Phone #:** _____ **Work Phone** _____

Primary Emergency Contact: _____ **Emergency #:** _____

Liability Waiver and Indemnity Agreement

As conditions of the participation of the student described above ("my child") in any of the programs conducted by R&B Training Center, Ultimate Fusion Athletics including but not limited to tumbling, gymnastics, and cheerleading, whether conducted on or off the premises of Ultimate Fusion Athletics, I agree to the following: I waive any claim for bodily injury, personal injury or property damage against R&B Training Center, Ultimate Fusion Athletics, its directors, employees, agents and insurers, and any owners or lessors of the premises and any equipment used in connection with any programs of R&B Training Center, Ultimate Fusion Athletics, arising out of our child's participation in any of the programs of R&B Training Center, Ultimate Fusion Athletics whether on or off premises, or travel for the purpose of participating in any such programs or events. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, any other family member, or myself.

This agreement shall remain in effect as long as and whenever our child participates in any activity at or with R&B Training Center, Ultimate Fusion Athletics. If this agreement is not effective to waive liability on behalf of our child, any other family member, or ourselves we further agree to indemnify R&B Training Center, Ultimate Fusion Athletics for its liability including all costs, fees, and expenses incurred by R&B Training Center, Ultimate Fusion Athletics in connection with such liability.

Authorization of Medical Care:

In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Medical History

Please circle any conditions your child has or has had: (if none please write "none.")

Diabetes, Heart Disease, Kidney Disease, Asthma, Hemophilia/Bleeding Disease, Nervous/Mental Disorders, Hypertension, Epilepsy/Seizure, Mitral Valve Prolapsed, Hepatitis/Liver Disease, HIV/AIDS, Fainting, Respiratory Disease

Please provide details if any of the above conditions are circled: _____

List any operations, illnesses, or injuries your child has had in the past year:

_____

List any other surgeries or limitations: _____

List any allergies: _____

List any medications your child is currently taking: _____

All campers must be covered by their own medical insurance. Please provide your current insurance information.

Family Doctor: _____ Phone #: _____

Medical Insurance: _____ Subscriber: _____

Plan ID #: _____ Policy #:_____ Nationwide 800 #:_____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Camp open to Preschool Preteam students.
Class will be divided by skillset.
Register by March 15 for Early Bird Discount: $115.00
Registration March 16 - April 30: $120.00
Call or stop by our gym M-F Noon-7 pm to register!