

Preston Gymnastics Academy Summer Super Session Student Information Form

Student's Name _____ Sex _____ Age _____ DOB ____/____/____

Address _____
 street city state zip

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ E-mail _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ - _____ - _____ Father's Cell _____ - _____ - _____

Are there any medical conditions to which we should be alerted? _____

Session 1	July 6 - 10	_____ Morning	_____ Afternoon	_____ Extended
Session 2	July 13-17	_____ Morning	_____ Afternoon	_____ Extended
Session 3	July 20-24	_____ Morning	_____ Afternoon	_____ Extended
Session 4	Aug 10-14	_____ Morning	_____ Afternoon	_____ Extended
Session 5	Aug 17-21	_____ Morning	_____ Afternoon	_____ Extended

Morning Session - \$175 Afternoon Session - \$145 Morning & Afternoon Session - \$230 Extended Session - \$75 * All Prices Per Week

Number of weeks _____ X Cost per week \$ _____ = _____
 Less 10% discount (2nd child, multiple weeks) - _____
 Late Registration Fee + _____
TOTAL AMOUNT DUE \$ _____
 50% Deposit Enclosed * - _____
 Balance Due at Session ** \$ _____

*Deposits are non-refundable after June 1, 2009.

**Balance for each Session will be due at the beginning of the first day of that week.

There will be an additional \$15.00 charge for each 15 minute interval that participants are left beyond

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to the aforementioned person participating in Preston Gymnastics Academy, LLC.'s programs. I recognize the potentially severe injuries which may occur in any activity involving height or motion, including karate, dance, gymnastics, and related activities including tumbling and trampoline.

I understand that it is the express intent of Preston Gymnastics Academy, LLC. to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Preston Gymnastics Academy, LLC., its officers, directors, employees, agents, teachers, and other staff persons from all liability for any and all damages and injuries, while under the instruction, supervision, or control of Preston Gymnastics Academy, LLC., or its employees.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Preston Gymnastics Academy, LLC.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

 Parent or Legal Guardian's Signature

 Date

PERMISSION TO TREAT (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

 Parent or Legal Guardian's Signature

 Date