

SUFFIELD GYMNASTICS ACADEMY



Summer 2018

Name: _____ Age: _____ DOB: _____
 Address: _____ City/State: _____
 Class Day: _____ Time: _____ Level: _____

CLASSES: 4 Week Lil' Flipper (45 min) - \$65 7 Week Lil' Flipper (45 min) - \$110
 4 Week 60 min class - \$75 7 Week 60 min class - \$125

CAMPS: **July 9-13** Half day \$175 **July 16-20** Half day \$175 **July 23- 27** Half day \$175 **July 30-Aug 6** Half day \$175
 July 9-13 Full day \$275 **July 23-27** Full day \$275
 Aug 6-10 Half day \$175 **Aug 13-17** Half day \$175 **Aug 20-24** Half day \$175
 Aug 13-17 Full day \$275

Emergency Contact/Relation: _____ Phone: _____

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Allergy or Previous Injury: _____

PLEASE READ, SIGN, AND DATE.

We, the staff of Suffield Gymnastics Academy (SGA) recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics can be dangerous and can lead to injury. As safety is our primary concern at Suffield Gymnastics Academy we encourage parents to make their children aware of the possibility of injury and instruct their children to follow all the safety rules and the coaches' instructions. Safety rules are instructed at each apparatus and reviewed frequently.

I understand that Gymnastics or any other activity which involves inversion of the body, motion, height, rotations, is potentially hazardous and can cause bodily injury or even death. It is understood and agreed that Suffield Gymnastics Academy is neither responsible nor liable for injuries nor loss of personal belongings which might occur during gymnastics activities. I clearly understand that by signing this form that I assume all risks for injury resulting there from. In addition, I release Suffield Gymnastics Academy, the owners, officers, employees, and owners of the building from any and all claims or cause of action by reason of bodily injury or loss of property which may arise out of my child's use of equipment or participation in gymnastics activities.

Parent/ Guardian Signature: _____ Date: _____

I fully understand that the Suffield Gymnastics Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Suffield Gymnastics Academy and its staff to render first aid to my child or children in the event of any injury or illness. In addition, I authorize Suffield Gymnastics Academy and its staff to seek medical treatment and at the nearest medical facility in the event of an emergency.

Parent/ Guardian Signature: _____ Date: _____

Summer Total:	Payments		