

Habersham County Gymnastics
Camp Twisters Registration Form 2020

Camper Name: _____

Date of Birth: ____/____/____ Age: _____ T-Shirt Size: _____

Parent/Guardian Name(s): _____

Address: _____ County: _____

Home Phone: _____ E-Mail: _____

Parent #1 Cell: _____ Parent #2 Cell: _____

Week 1: **June 15-19** **\$110** Staff _____ Amount Paid _____ Form of Pmt _____

Week 2: **June 22-26** **\$110** Staff _____ Amount Paid _____ Form of Pmt _____

Week 3: **June 29-July 2** **\$95** Staff _____ Amount Paid _____ Form of Pmt _____

Week 4: **July 6-10** **\$110** Staff _____ Amount Paid _____ Form of Pmt _____

Week 5: **July 13-17** **\$110** Staff _____ Amount Paid _____ Form of Pmt _____

Week 6: **July 20-24** **\$110** Staff _____ Amount Paid _____ Form of Pmt _____

Week 7: **July 27-31** **\$110** Staff _____ Amount Paid _____ Form of Pmt _____

Camp Twisters 2020 – Summer Camp

Please initial below that you agree to and understand the following:

1. _____ **PAYMENTS:** I understand that the weekly **camp fee is due by the Friday before the week your child attends**. Methods of payment include cash, check (HCRD), credit or debit (no American Express). There is a 3% convenience fee on all debit/credit cards.
2. _____ **CAMP GUARANTEE:** I understand I am only guaranteed my child's participation in camp for the weeks I have **PAID** for. Spaces are limited and camp registration is on a first come, first serve basis.
3. _____ **PRO-RATING:** I understand that my tuition will not be pro-rated for missed days, nor will my child be able to make up days or receive a refund for day that he/she missed.
4. _____ **CAMP WEEK:** I understand that a week of camp is considered Monday-Friday, not a combination of days from different weeks.
5. _____ **DROP-OFF/PICK-UP:** I understand that I must bring my child in and sign them in to camp daily and I must come in and sign my child out of camp daily. **Only people on the pick-up list are permitted pick up my child and must show ID.** Those not on the list will not be allowed to pick up my child. Parents may not call to add people to the list. It must be written on the registration form.
6. _____ **DROP OFF/PICK UP TIMES:** I understand that drop off time is between 7:30-9:00 am and pick up time is between 4:00-6:00pm.
7. _____ **LATE PICK-UP:** I understand that I will be charged an additional \$1.00 for every minute late for pickup. Late pickup is considered any time after 6:00 pm.
8. _____ **BREAKFAST:** I understand that my child will **not** be provided a full breakfast. I know that only a light snack will be available by the Gymnastics Center between the hours of 7:30-9:00 am.
9. _____ **LUNCH:** I understand that my child **needs to bring a lunch daily** or bring **\$5 cash** to buy lunch.
10. _____ **SNACKS:** I understand that my child can either bring snacks or bring money to buy snacks (\$1 each).
11. _____ **SWIMMING:** I give my child full permission to swim at the facilities at the Ruby Fulbright Aquatic Center.
12. _____ **PHOTO CONSENT:** I give consent for my child's photo to be taken while at camp for publication purposes.
13. _____ **RETURNED CHECKS:** There is a \$37 charge for returned checks.

Please sign that you agree and understand all the above policies.

Parent Signature _____

Date _____

Camp Twisters 2020 – Summer Camp

Habersham County Recreation Department Summer Camp Waiver

DISCLAIMER: HABERSHAM COUNTY RECREATION DEPARTMENT AND STAFF IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PARTICIPATING IN THE HABERSHAM COUNTY GYMNASTICS CAMP INCLUDING DOING GYMNASTICS, TUMBLING, DANCE, SWIMMING, BOWLING OR ANY OTHER CAMP ACTIVITIES AT THE HABERSHAM COUNTY RECREATION DEPARTMENT FOR ANY REASON WHAT SO EVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF GYMNASTICS CAMP, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue Habersham County Recreation Department (HCRD) or any of their employees, teachers, coaches, or agents from any and all present or future claims resulting from ordinary negligence from HCRD or others listed for property damage, personal injury, or wrongful death, as a result of my engaging in or receiving instruction in sports camp or gymnastics camp or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that sports and gymnastics are a vigorous sporting activity involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that the mats and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, sports, and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching, and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control of their actions or knowledge of the risks involved and hereby agree to accept my and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the HCRD, and all other listed for any and all claims arising as a result of my engaging in or receiving instruction from the staff of HCRD activities or any activities incidental there to, whenever, wherever, or however the same may occur.

I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs due to my child(ren) traveling to and or from HCRD and any HCRD sponsored activities in a vehicle or vehicles provided by and/or operated by Habersham County or the Habersham County Board of Education or employees thereof.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of Georgia.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence from HCRD or any person listed above.

Camper Name _____

Parent/Guardian (print name) _____ Phone _____

Signature _____ Date _____

Camp Twisters 2020 – Summer Camp
EMERGENCY INFORMATION AND MEDICAL FORM

CAMPER INFORMATION:

Camper Name: _____ Date of Birth: ____/____/____ Age: _____

Known Allergies: _____ Doctor Contact Info: _____

EMERGENCY CONTACT INFORMATION:

Parent 1: _____

Parent 2: _____

Phone #: _____

Phone #: _____

Work #: _____

Work #: _____

***EMERGENCY CONTACT:** _____ Phone #: _____

(Must list someone other than names written above)

MEDICAL INFORMATION:

Preferred Hospital: _____ Diagnosed medical conditions: _____

Camp activity restrictions: _____

Daily medications: _____

Will medications need to be taken at camp? Yes No

If yes, please explain below:

Medication: _____ Purpose: _____

Dosage: _____ How often: _____

Special instructions: _____

PICK-UP INFORMATION:

WHO CAN PICK UP CHILD

(Other than contacts listed above)

NAME	RELATION TO CHILD	PHONE

Parent Signature _____

Date _____