

DREAM IT

BELIEVE IT

ACHIEVE IT

V-FORCE ELITE CAMP

(Please Circle) Camp Date: **JO Camp, August 22nd** **Xcel Camp, August 23rd**

Gymnast: _____ DOB: _____

Level Competed Last Season: _____ Anticipated Level of Competition Next Season: _____

Guardian Name: _____ Phone: _____

Email: _____

Address: _____ City: _____ State: _____

In Case of Emergency: _____ Phone: _____

Hospital Preference: _____ Insurance Carrier: _____

Policy Number: _____ Doctor's Name: _____

Allergies/Special Health Concerns: _____

Coach Information

Coach Camp Attendance & Participation: **Y** **OR** **N**

Name: _____ Please Circle: MALE/FEMALE Phone: _____

CREDIT CARD PAYMENT

I, _____ (name), authorize V-FORCE Elite to debit my credit card, in order to pay tuition for the camp. I UNDERSTAND THAT IF CARD DECLINES OR FAILS, I AM RESPONSIBLE TO UPDATE THE OFFICE IMMEDIATELY. My athlete's spot will not be secure until full payment goes through. NO REFUNDS.

Type of Card: Visa Mastercard American Express

Credit Card Numbers: _____

Expiration Date: _____ CCV CODE: _____

JO Camp \$199 Xcel Camp \$150

Billing Address: check here if it is the same from above)

Address: _____ City/State: _____ Zip: _____

Signature: _____ Date: _____

MEDICAL RELEASE AND WAIVER

It is my wish to allow _____, a minor child under the age of eighteen years to participate in activities at V-Force Elite Gymnastics (hereinafter "V-Force"). I understand that dangers and risks of my child's participation in activities include, but are not limited to death, serious neck or spinal injury, which may result in paralysis, brain damage, serious injury to all internal organs, injury to all bones, ligaments, muscles tendons, and other aspects of my child's body. I understand that the dangers and risks of playing or participating may result not only in serious injury, but in serious impairment of future ability to earn a living, engage in business, and generally enjoy life. Knowing the risks described above, I do voluntarily and on behalf of my minor child, assume all risks of any and all injuries or harm to my minor child while he/she is participating in such activities and/or while being present when other people participate in activities regardless of whether the injury is the result of negligence, gross negligence or other fault of my minor child, V-Force, V-Force's members and officers or any other person with the exception of acts done to intentionally cause my minor child harm, or fraudulently done or done in violation of law. I hereby do **(WRITE THE WORD "RELEASE" IN THE FOLLOWING BLANK SPACE)** _____ V-Force, V-Force's officers, directors and members from all liability on account any injuries or damages arising from my participation in and/or presence at all such gymnastic related activities.

Parent/Guardian Signature: _____ **Date** _____

MEDICAL TREATMENT RELEASE:

In the event of an accident or illness, V-Force and/or employees or officers have my permission to secure medical attention for my child, if they are unable to contact me immediately. Any attending physician(s) has my consent to administer all emergency medical measures which he or she deem necessary for the well-being of my child.

Parent/Guardian Signature _____ **Date** _____

PHOTOGRAPHY RELEASE:

I hereby grant permission on behalf of myself and my family to be photographed by V-Force staff, parents, or contracted photographers at any time during instruction, or at any onsite or offsite event in which 1 or our family participate. I further grant my full permission to V-Force to copyright, use, reproduce, publish or display all photographs taken of myself or my family for advertising, marketing and, public performances or displays. It is my understanding that all photographs taken by the photographer will be copyrighted, that no fee will be charged by me or my family for our services, and that all photographs may be published at any future time. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND ITS CONTENTS.

Parent/Guardian Signature _____ **Date** _____