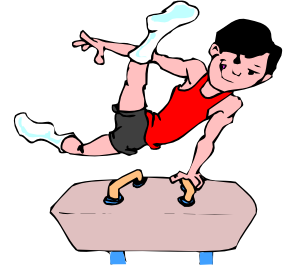




ACHIEVERS SUPER CAMP

July 26, 27, 28, 2019

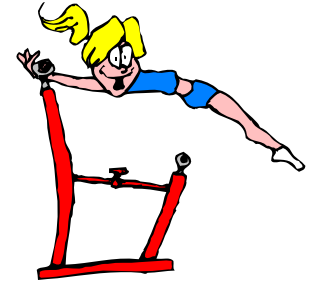
Registration Form



Circle one: Girls Camp Boys Camp Visiting Coach

Participant's Name: _____

Circle Shirt Size: Child S M L
Adult S M L XL



Date of Birth: _____ Age on July 26, 2019 _____

Last level competed: Circle one: TAAF / USAG - Level _____

Address: _____

City: _____ State: _____ Zip: _____

Mother Name: _____ Mother Cell Phone: _____

Father Name: _____ Father Cell Phone: _____

Best contact E-Mail: _____

Home Phone: _____

Affiliated Gym: _____

Coach: _____

Gym Phone: _____

Cost: \$370 before June 15th \$400 after June 15th

Visiting Coach – FREE with 5 or more athletes / Otherwise - \$175

10% discount for Achievers team members - 20% discount for family siblings

Return this form and payment to:

**Visa
MasterCard
Accepted
Call gym
with #**

Achievers Gymnastics Center
Summer Super Camp Registration
3014 S I-35E
Denton, TX 76210
940-484-4900 / 940-484-1305 Fax

Waiver of Liability – Achievers Summer Super Camp – July 26, 27, 28, 2019

I understand that as a condition to _____ (child's name) participating in the Achievers Summer Super Camp activities at Achievers Gymnastics Center ("ACHIEVERS"), it is necessary that my child and I take full responsibility for any permanent or temporary injuries, paralysis or death or other causality or damage which may be suffered in this course of activities ("Damage") including but not limited to Damage caused by the negligence of ACHIEVERS, its agents, employees or representatives. In this regard, I hereby acknowledge and agree that the Activities involve inherent risk of Damage, and hereby assume and accept, on behalf of the Child and anyone whom might claim by, under or through the Child, all risk of Damage to the Child arising out of the Activities. By my execution of this WAIVER & RELEASE, ACHIEVERS LLC and its employees, agents, officers, directors, affiliated companies, and event sponsors are hereby RELEASED and FOREVER DISCHARGED from all losses, liabilities, costs, and expenses incurred in connection with any type of Damage arising out of one or more of the Activities.

By execution of this WAIVER & RELEASE, I am representing and warranting that I am the parent and or legally authorized guardian of the Child; the Child is covered with health and accident insurance in sufficient amounts in such form as to cover the Child in the event of any Damage arising out of the Activities; and the Child does not have any condition, disease or injury that would increase the likelihood or magnitude of possible Damage in the course of engaging in the Activities; and I have no reason to believe that the Child should refrain from engaging in the Activities. I further agree that should the Child suffer any injury or condition for any reason which may increase the likelihood or magnitude of possible Damage, I will cause the Child to refrain from further participation in the Activities until such times as such injury or condition subsides. I accept and acknowledge my responsibility to warn the Child about the inherent danger of the Activities and the importance of observing common safety precaution. I understand and agree that safety precautions do not eliminate the risk involved with the Activities.

ACHIEVERS, its agents, representatives, and employees are hereby authorized, but not required, to: (a) render first aid emergency treatment to my Child; and (b) seek medical help, including but not limited to transporting the Child to a health care facility or hospital of ACHIEVERS choice, or; (c) call an ambulance.

In the event of an emergency, I hereby authorize ACHIEVERS, its agents, representatives, and employees to admit my Child to a health care facility or hospital for treatment for my Child.

I understand and agree that this WAIVER & RELEASE is intended to be as broad and inclusive as permitted by the laws of the State of Texas and agree that if any portion is held invalid, the remainder of the WAIVER & RELEASE will continue in full force and effect. I further agree that the venue for any legal procedure shall be in the State of Texas, in the County of Denton and that this WAIVER & RELEASE shall be interpreted under Texas law.

State whether your child is taking or is required to take any medication. List condition, type of medication and medical instructions to be followed:

State whether your child is allergic to any medication, food, or other allergies:

Health Insurance Company

Policy / Group Number

Participant: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Print Parent/Guardian Name _____