



2010 Summer Camps

151 Thomas Mill Rd.
Holly Springs, NC
27540
(919) 557-9990
www.sonshinegymnastics.com

Child's Information:

Child's Name: _____

Birth date ____/____/____ Age _____ Sex: _____

School _____ Track # _____

Allergies (type) _____

Medications _____ Medical Conditions _____

Parent's Information:

Parent/Guardian Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

E-mail address: _____ (providing an e-mail address authorizes e-mail communication about our programs)

Emergency Information:

Emergency contact person: (if mother, father or guardian cannot be reached) _____

Relationship to child _____ Phone # _____

In consideration of participating in activities held at Sonshine Gymnastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named above; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Sonshine Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT—AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. I authorize Sonshine Gymnastics to utilize videotape, audio or photographic materials of myself or dependent children, for the purpose of promotional materials for Sonshine Gymnastics programs and services. This includes printed advertising material which may be posted on the Sonshine Gymnastics website. I further understand there is a no refund policy. There is a \$25.00 charged for returned checks. A 30 day written notice is required when discontinuing.

NAME:

Printed name of Parent/Legal Guardian

Signature of Parent/ Legal Guardian

Date: _____

Half-day: \$30 daily/\$140 weekly~8:45-12 Noon *Late pick up 12:15 pm*

Circle camp days attending

June 14-18	M	T	W	R	F	WEEK	Total _____
June 21-25	M	T	W	R	F	WEEK	Total _____
June 28-July 2	M	T	W	R	F	WEEK	Total _____
July 12-16	M	T	W	R	F	WEEK	Total _____
July 19-23	M	T	W	R	F	WEEK	Total _____
July 26-30	M	T	W	R	F	WEEK	Total _____
August 2-6	M	T	W	R	F	WEEK	Total _____
August 9-13	M	T	W	R	F	WEEK	Total _____
August 16-20	M	T	W	R	F	WEEK	Total _____

Ages 3-5

Friendship
Courage
Fun
Kindness
Skill Building
Safe

Half-day: \$30 daily/\$140 weekly~8:45 AM-12 Noon *Late pick up 12:15 pm*

Circle camp days attending

June 14-18	M	T	W	R	F	WEEK	Total _____
June 21-25	M	T	W	R	F	WEEK	Total _____
June 28-July 2	M	T	W	R	F	WEEK	Total _____
July 12-16	M	T	W	R	F	WEEK	Total _____
July 19-23	M	T	W	R	F	WEEK	Total _____
July 26-30	M	T	W	R	F	WEEK	Total _____
August 2-6	M	T	W	R	F	WEEK	Total _____
August 9-13	M	T	W	R	F	WEEK	Total _____
August 16-20	M	T	W	R	F	WEEK	Total _____

Ages 5 & up

Team Work
Active
Positive
Energetic
Confidence
Self Discipline

Full day: \$190 per week only~8:45 AM-3 PM *Late pick up 3:15*

Extended day: \$35 per week~3 PM-5 PM *Late pick up 5:15*

Check box for the week and extended day if applies

	Extended			Extended			Extended	
	Week	Day		Week	Day		Week	Day
June 14-18	<input type="checkbox"/>	<input type="checkbox"/>	July 12-16	<input type="checkbox"/>	<input type="checkbox"/>	August 2-6	<input type="checkbox"/>	<input type="checkbox"/>
June 21-25	<input type="checkbox"/>	<input type="checkbox"/>	July 19-23	<input type="checkbox"/>	<input type="checkbox"/>	August 9-13	<input type="checkbox"/>	<input type="checkbox"/>
June 28-July 2	<input type="checkbox"/>	<input type="checkbox"/>	July 26-30	<input type="checkbox"/>	<input type="checkbox"/>	August 16-20	<input type="checkbox"/>	<input type="checkbox"/>

Number of camps registered for: _____ Total: _____
 New Members Registration fee \$10 (if applicable): _____
 Subtotal: _____
 (Non Refundable Deposit-\$25 per camp): _____
BALANCE DUE: _____

\$1 charge per minute past Late Pick Up for ALL camps

