

**Trampoline World Summer Gym Camp Policies**

Trampoline World is not a licensed day care facility, rather Trampoline World is a state licensed sports camp. Trampoline World is a specialized health and fitness facility providing skilled instruction for our members.

**Please read and initial the following policies:**

- Trampoline World membership is required to attend the camp. \_\_\_\_\_
- All fees are non-refundable. Returned checks are subject to a \$20 fee. \_\_\_\_\_
- No credit of make ups will be extended for any days missed. \_\_\_\_\_
- Due to the variety of camp fees, payments are due as follows unless arrangements have been made otherwise with the director:
- “Pay by the day” is due the day the child attends the camp. \_\_\_\_\_
- “Pay by the week” is due the Monday of the week that camp is attended. \_\_\_\_\_
- For those committed to 10 or more weeks, payment is due each month. \_\_\_\_\_

**PLEASE SPECIFY THE DAYS AND/OR WEEKS NEEDED FOR GYM CAMP**

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**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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 Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Printed name of Parent/or Legal Guardian

\_\_\_\_\_  
 Signature of Parent/or Legal Guardian

**Trampoline World GYM CAMPS REGISTRATION FORM**

**Child's name** \_\_\_\_\_ **Gender** m / f \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Medical concerns** \_\_\_\_\_

**Applying for: (circle one)**

- Girl's Camp 5-8yrs (GC)      Girl's Camp 9-12yrs (GC)
- Boy's Camp 5-8yrs(BC)      Boy's Camp 9-12yrs(BC)
- Co-Ed Camp 5-8yrs(CC)      Co-Ed Camp 9-12yrs(CC)
- Endurance Camp Beginner/ Intermediate (EC)
- Endurance Camp Intermediate/ Advanced (EC)

**Child's name** \_\_\_\_\_ **Gender** m / f \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Medical concerns** \_\_\_\_\_

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- Endurance Camp Beginner/ Intermediate (EC)
- Endurance Camp Intermediate/ Advanced (EC)

**Mother's name** \_\_\_\_\_ **day #** \_\_\_\_\_

**Father's name** \_\_\_\_\_ **day #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Emergency contacts:**

**#1** \_\_\_\_\_ **phone #** \_\_\_\_\_

**#2** \_\_\_\_\_ **phone #** \_\_\_\_\_

**authorization consent for treatment of a minor**

I, the undersigned, as a parent or legal guardian of the child registered on this form, hereby authorize Trampoline World and its designated leaders and directors to consent to any medical and hospital care to be rendered to said minor(s) upon the advice of a licensed physician. I understand that if time and circumstances permit, Trampoline World will endeavor, but is not required, to communicate with me prior to such treatment. I further agree that Trampoline World and its designated leaders and directors are not legally, nor financially, responsible for any claim arising from any consent given in good connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given in good faith in connection with any authorized event and all shall remain effective until revoked in writing and delivered to an authorized Trampoline World representative.

**Medical insurance company** \_\_\_\_\_ **policy #** \_\_\_\_\_

**Family doctor** \_\_\_\_\_ **phone #** \_\_\_\_\_

**Hospital** \_\_\_\_\_

**Parent/ guardian signature** \_\_\_\_\_ **date** \_\_\_\_\_