

BHS CAMP & TUCK & TWIST CAMP

Parent Name:

Contact Number:

Allergies? Y or N

Name(s) of Child(ren) Attending:

1. _____ 3. _____
2. _____ 4. _____

Payment Type:

Cash Ck CC Card on File

Member

\$30

Non-Member

\$35

1-3pm Mondays of Camp Weeks

World Waiver

World of Gymnastics and Cheer Assumption
of
Risk, Waiver of Liability, Medical Authorization

As legal guardian of _____

I recognize that potentially severe injuries including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. In addition, swimming or activities in or around water can result in brain damage or drowning. I am also aware that participation in camps may present similar dangers. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all programs, camps, birthdays and other activities at World of Gymnastics and Cheer and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I, on my behalf and the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE World of Gymnastics and Cheer its officers, directors, shareholders, employees or agents from liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision or control of World of Gymnastics and Cheer including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I authorize my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold World of Gymnastics and Cheer and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all future medical expenses which may be incurred by my child (ren) as a result of any injury sustained while participating at or for World of Gymnastics and Cheer.

I have read and understand this assumption of risk and waiver of liability of waiver and medical authorization and I voluntarily affix my name in agreement

Parent signature _____

Date _____

KIDS NIGHT OUT REGISTRATION

Parent Name:

Contact Number:

Allergies? Y or N

Name(s) of Child(ren) Attending:

1. _____ 3. _____
2. _____ 4. _____

Payment Type: Cash Ck CC Card on File

Non-Member

1 Child:

\$30

2 Children:

\$50

3 Children:

\$70

4 Children:

\$90

Membership

Current

1 Child:

\$25

2 Children:

\$45

3 Children:

\$65

4 Children:

\$85

Dynamite/
Wildcat

1 Child:

\$20

2 Children:

\$40

3 Children:

\$60

4 Children:

\$80