Photo

KiMNASTiCS

Making Sense of Mathematics Through Gymnastics!

Summer Camp Registration

Garrison Forest School

Fun with Math, Science, & Fitness

- ☐ **July 17th -21st (Pre-K – 2nd Grade)*Half Day Only: 1:00-4:00pm**
- ☐ **August 14th - 18th (2nd -5th Grade)**
- ☐ **August 21st -25th (Pre-K -5th Grade)**

Student Name:

Last:	First:	MI:

School/County:	Grade:	Age:

Parent/Guardian:

First:	Last:	MI:
First:	Last:	MI:

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Text? Y / N**

Email: _____

Emergency Contact:

Name:	Phone:

Allergies:

All Payments will be made to Garrison Forest School

Half Day Camp: $250.00

Full Day Camp: $350.00

Achieve Beyond Your Potential!

Making Sense of Mathematics Through Gymnastics!

Acknowledgement of Risk, Waiver of Liability, Permission to Treat, and Media Release

I hereby give permission for my child/children to participate in programs/events conducted by Kimnastics, LLC. I understand that it is my responsibility to carry my own accident and medical insurance. In the event of an injury or accident, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted. The enrolled child/children is/are capable of participating in the sport of gymnastics and engaging in the subject of mathematics, and have had a physical within the last (12) twelve months. Any activity involving motion, tumbling, height, swinging, etc… involves the possibility of serious, permanent or fatal injury. I understand the risks of participating in the sport of gymnastics and therefore, in consideration for allowing my child/children to use Miss Fit's Training Center's equipment and facilities, I hereby forever release Kimnastics LLC., it's owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child/children while under the instruction, supervision or control of Kimnastics, LLC. I hereby authorize Kimnastics, LLC. to use photographs, videos or electronic likeness of my child in any publication or website promoting or advertising Kimnastics, LLC. I do hereby forever release any and all claims against Kimnastics, LLC. for the use of any of the video images and photographs as described above. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Child's First & Last Name (Please Print)	**School &County**
Parent/Guardian Name (Please Print)	
Signature of Adult or Parent/Guardian	**Date**