

**THIS APPLICATION IS FOR MANUAL REGISTRATIONS ONLY**

Print and mail to:  
Alabama Gymnastics Camp  
Box 870393  
Tuscaloosa, AL 35487

**Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Camper Email:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Parent's Names & Contacts:**

\_\_\_\_\_ **Work/Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_ **Work/Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**Club:** \_\_\_\_\_ **Gym Phone:** \_\_\_\_\_

**Competitive Level as of Fall 2014 or Spring 2015:** \_\_\_\_\_ (List level number 1-10 or Elite ONLY)

**T-Shirt Size: (Circle)**

**Adult:** XL L M S

**Child:** L M

**Camp Leotard Size: (Circle)**

**Adult:** L M S XS

**Child:** L M S XS

**Session(s) Attending:**

**Type of Camper:**

☐ **June 10-13**    ☐ **Overnight Camper (Ages 9-18)**    or    ☐ **Day Camper (Ages 7-18)**

☐ **June 17-20**    ☐ **Overnight Camper (Ages 9-18)**    or    ☐ **Day Camper (Ages 7-18)**

**Any additional information we need to know about your daughter:** \_\_\_\_\_

**Roommate Request:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

## **PARENT/GUARDIAN RELEASE FOR SPORT CAMP**

In consideration of the educational opportunity that is afforded, the undersigned agrees as follows:

**"Camper"** is \_\_\_\_\_, whose date of birth is \_\_\_\_\_.

**"Operator"** is \_\_\_\_\_.

**"Liabilities"** shall mean any and all known and unknown, foreseen and unforeseen, claims, actions, suits, proceedings, damages, costs, attorney fees, litigation costs, and other expenses arising out of, connected with, or resulting from participation in the Sport Camp, including claims for personal injury or death.

**"Parent/Guardian"** is \_\_\_\_\_, who can be contacted at \_\_\_\_\_.

**"Releasees"** include Operator, its officers, employees, agents, volunteers, and representatives; and in consideration of the camp being offered at its premises, Releasees include The Board of Trustees of the University of Alabama, its affiliated foundations, trustees, officers, employees, agents, volunteers, and representatives.

**"Sport Camp"** shall mean all activities involved in the Sport Camp, and all related activities, such as housing, dining, and transportation, whether offered by Operator or its contractors.

**Release.** Parent/Guardian hereby knowingly and voluntarily releases, exculpates, and discharges Releasees from any and all Liabilities related to the Sport Camp. This is intended to discharge in advance the Releasees and waive all Liabilities related to Camper's participation in the Sport Camp.

**Assumption of Risk.** Parent/Guardian understands that Camper's participation in the Sport Camp is wholly voluntary, and that participation involves risk. These risks include, without limitation, risks involved in traveling to and returning from sites where activities are to take place; risks from premises involved, including those that are owned by others; risks such as falls or other accidents; risks from the areas where activities are to take place; risks from other workers and participants involved in the Sport Camp, such as transmitted illnesses or risks from actions of other persons; risks from the particular sport involved, such as risks from collisions, sports injury, or equipment; other risks inherent in any strenuous activities; risks from weather; risks from dining, housing, and transportation; and other risks beyond the control of the Operator or others, including Releasees. Parent/Guardian has conducted, or has had the opportunity to conduct, his/her own investigation and is willing to accept these risks. Parent/Guardian understands and acknowledges that involvement and participation in the Sport Camp may cause Camper to suffer an injury, severe health problems, or even death, and Parent/Guardian assumes and accepts any and all such risks.

**Health Care and Emergencies.** Parent/Guardian understands that neither Operator nor Releasees accept responsibility or liability for providing health care services or health care insurance for Camper in regard to Sport Camp, and that Liabilities related to health care remain the Parent/Guardian's responsibility. Parent/Guardian agrees that if Camper has any medical or mental condition that could impact the welfare or safety of Camper or others, such information can be timely disclosed, to help ensure the safety and well being of Camper and others. In the case of a medical emergency, Parent/Guardian authorizes Operator to give consent for medical treatment on Camper's behalf, including all ordinary and extraordinary medical measures.

**Indemnification.** Parent/Guardian shall release, hold harmless, and indemnify Releasees from and against any and Liabilities related to the Sport Camp, including medical care decisions.

**Acknowledgement.** Parent/Guardian has read and relies wholly upon his own judgment and knowledge, in agreeing to this document; warrants that he has legal responsibility, custody, and authority to speak for the minor Camper, and binds himself, Camper, and their heirs, assigns, and next of kin.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **MEDICATION AND ALLERGY FORM**

My child, \_\_\_\_\_ will be taking the following **medications** while at gymnastics camp:  
(full name)

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My child is allergic to: \*foods \_\_\_\_\_

medications \_\_\_\_\_

other \_\_\_\_\_

**\*IF SEVERE OR RESTRICTIVE FOOD ALLERGY PLEASE LET US KNOW BY EMAIL TO [RKELLEY@IA.UA.EDU](mailto:RKELLEY@IA.UA.EDU) PRIOR TO ARRIVAL AT CHECK IN. WE WILL TRY TO ACCOMMODATE ALL CAMPERS BUT IT MAY BE NECESSARY FOR YOU TO PROVIDE SOME MEALS/SNACKS.**

**Please circle the medications camp staff may administer if necessary:**

Tylenol	Advil	Antihistamine	Mylanta
Cough Medicine	Tums	Cold Tablets	

Form completed by: Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Contact number \_( ) \_\_\_\_\_

## **INSURANCE CARD**

**Please make a copy of camper's insurance card and place the copy below:**

**Front of Card**

**Back of Card**

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## **REGISTRATION REQUIREMENTS**

**PLEASE MAKE SURE YOU HAVE COMPLETED ALL ITEMS ON THE FOLLOWING CHECKLIST BEFORE SENDING IN YOUR APPLICATION.**

- ☐ **COPY OF FRONT/BACK OF INSURANCE CARD (\*camper will not be allowed to participate unless we have this copy)**
- ☐ COMPLETED APPLICATION FORM
- ☐ COMPLETED SPORT CAMP RELEASE FORM
- ☐ COMPLETED MEDICATION AND ALLERGY FORM
- ☐ ENCLOSE CHECK

**Mail to:**  
**Alabama Gymnastics Camp**  
**Box 870393**  
**Tuscaloosa, AL 35487**  
**Phone: (205) 348-7600**