

THIS APPLICATION IS FOR MANUAL REGISTRATIONS ONLY

Print and mail with \$145 deposit or full amount 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:

_____ **Cell:** _____ **Email:** _____

_____ **Cell:** _____ **Email:** _____

Coach: _____

Club: _____ **Gym Phone:** _____

Competitive Level as of SPRING 2017: _____ **(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 14-17** ☐ **Day Camper (Ages 7-18)**

☐ **June 22-25** ☐ **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 Alabama Gymnastics Camp.

"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: _____

Session I or Session II (circle)

Day Camper or Overnight Camper (circle)

MEDICATION AND ALLERGY FORM

Fax: 205-348-5349; Email: bamagymcamp@ia.ua.edu; Mail: Box 870393, Tusc., AL 35487

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

My child is allergic to: *foods _____

medications _____

other _____

***If severe or restrictive food allergy please let us know by email to bamagymcamp@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 pay additional cost involved with substitutions. We can only make special arrangements for food allergies.**

Please circle the medications camp staff may administer if necessary:

Tylenol

Advil

Antihistamine

Cough Medicine

Tums

Form completed by: Print Name _____

Signature _____

Contact numbers _(____)_____ (____)_____

INSURANCE CARD

Please make a copy of camper's insurance card and tape the copy below before you fax, scan or mail:

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 (\$145 DEPOSIT OR PAYMENT IN FULL – IF DEPOSIT ONLY REMAINDER IS DUE MAY 15.

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