Camp Registration Form 2020

181 Wheeler Ct, Suite C, Langhorne, PA 19047
215-757-0111 info@dynamixgymnastics.com

CAMPER INFORMATION:

Camper's Name_____ DOB_____/_____/_____

Current Member YES / NO Gender M or F Medical Conditions/Allergies_____

Address_____City_____ State_____ Zip_____

Parent/Guardian Name_____ Relation_____

Email_____ Phone (c)_____ (h) _____

2nd Parent/Guardian Name_____ Relation_____

Email_____ Phone (c)_____ (h) _____

PAYMENT INFORMATION:

A credit card is required to be on file for any additional options or if any late fees may occur.

☐ CASH ☐ CHECK ☐ DEBIT/CREDIT CARD ☐ CARD ON FILE

Card #_____ EXP_____/_____ Zip_____

Name on Card_____ Signature_____

POLICIES:

Initial below

_____ LATE FEES: Campers not picked up within 15 minutes of their scheduled pick up time will be charged a late fee of $5 per every fifteen minutes late to your account. Campers enrolled in PM Care who are not picked up by 5:00 pm will be charged a late fee of $1 per minute to your account.

_____ CANCELLATION POLICY: All requests for cancellations must be made in writing **before June 1, 2020**. All monies paid less the $75 non-refundable deposit, per week, per child, will be credited to your Dynamix account. **After June 1, 2020 no credits/refunds of any kind will be given, regardless of the nature of the cancellation.**

_____ TRANSFER FEES: Any transfers after June 1, 2020 will incur a $25 transfer fee.

Parent/Guardian Signature_____ Date_____

Camp Enrollment Options:

1. Early Bird Discount: Pay in full by April 17, 2020 and receive 10% off (discounts only apply to weekly camp costs, not to additional options). Multi-week discount may be combined with Early Bird Discount.

2. Camp Deposit: A $75 non-refundable deposit per child, per week of camp is required to hold your camper's spot. Camp balance must be paid in full by June 1, 2020.

Campers enrolling after June 1 must pay in full at time of registration. Registration is ongoing throughout the Summer if space is available. Payment may be mailed in with completed registration form to:

Dynamix Gymnastics
181 Wheeler Ct, Suite C
Langhorne, PA 19047

Camp Dates/Costs:

	Camp Dates	Camp Options			Notes	SUB TOTAL
	Circle weeks	*Half Day*	*Mid-Day*	*Full Day*		
WK 1	June 22-26	$165	$199	$305		$_____
WK 2	June 29-July 3	$165	$199	$305		$_____
WK 3	July 6-10	$165	$199	$305		$_____
WK 4	July 13-17	$165	$199	$305		$_____
WK 5	July 20-24	$165	$199	$305		$_____
WK 6	July 27-31	$165	$199	$305		$_____
WK 7	Aug 3-7	$165	$199	$305		$_____
WK 8	Aug 10-14	$165	$199	$305		$_____
WK 9	Aug 17-21	$165	$199	$305		$_____
WK 10	Aug 24-28	$165	$199	$305		$_____

Early Bird Discount:
10% off by April 17
(discounts only apply to weekly camp costs, not to additional options, must pay in full)

Multi-Week Discount:
3 or more wks: 5% off
6 or more wks: 10% off
9 or more wks: 15%off

SUB TOTAL $_____
SIBLING DISCOUNT $_____
MULTI-WEEK DISCOUNT $_____
EARLY BIRD DISCOUNT $_____
SUB TOTAL $_____

Additional Options:

	Lunch	AM Care						PM Care						
	Pizza Fridays	*Circle week or days*						*Circle week or days*						
		WK	M	T	W	TH	F	WK	M	T	W	TH	F	
WK 1	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 2	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 3	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 4	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 5	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 6	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 7	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 8	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 9	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____
WK 10	$6	$25	$6	$6	$6	$6	$6	$45	$10	$10	$10	$10	$10	$_____

For Camp deposits only:
Deposit Paid $_____
Due by June 1 $_____

SUB TOTAL $_____
MEMBERSHIP REQUIRED $_____
TOTAL $_____

Office use only: JR_____, PD_____, Email_____

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY,
AND INDEMNITY AGREEMENT**

I have elected to allow my minor child under the age of 18 ("Participant") to participate in the gymnastics classes and events offered by Dynamix Gymnastics ("Dynamix") at 181 Wheeler Ct, Suite C, Langhorne, PA 19047 ("Premises"). As a condition to the Participant's participation in the foregoing activity (the "Program"), and for other good and valuable consideration described herein, I hereby acknowledge and agree to the following:

1. I understand and acknowledge that the Program involves intense physical activity, which can be dangerous and may expose the Participant to a variety of risks, dangers and hazards including, but not limited to, bodily injury, strains, partial and/or total paralysis, other ailments that could cause serious disability, or death. I understand that the injuries at risk include broken bones, muscle tears and sprains, and other orthopedic injuries, as well as cardiovascular problems, or other serious injuries that could cause temporary or permanent disability or death. I understand that these risks and dangers may be caused by the negligence of Dynamix, the negligence of the Premises at which the Program is located, the negligence of the Participant or other participants, the negligence of others, as well as accidents or other dangers that are integral to recreational or athletic activities.

2. I represent that the Participant is qualified, in good health, and in proper physical condition to participate in the Program. If I believe the Program is unsafe for the Participant, I will immediately stop Participant's participation. I hereby knowingly and voluntarily assume any and all such risks, including presently unknown or unforeseeable risks, and voluntarily assume all responsibility for losses, costs, and damages resulting from Participant's participation in the Program. I understand that Dynamix makes no representations or warranties of any kind about the skills or qualifications of the other participants in the Program or of the owners and/or operators of the Dynamix or the Premises at which the Program may be offered.

3. By my signature below, I hereby forever release and discharge Dynamix, its respective owners, officers, directors, employees, administrators, agents, staff members, successors and assigns ("Releasees"), on behalf of myself and my family, personal representatives, assigns, heirs, and next of kin, to the fullest extent permitted by law, from any and all liability, claims, demands, losses, responsibilities, costs or damages, however caused, whether related to property damage and/or personal injury or death, and whether based on tort, intentional act, strict liability, negligence, and/or negligent rescue, and whether or not it is the result of the negligence of the Releasees or otherwise, which the Participant or I may suffer while participating in the Program at the Premises or as a spectator in the Program. I authorize each of the Releasees to take whatever action is necessary, in their best judgment, in an emergency and I hereby release and discharge the Releasees from any responsibility or liability related thereto. I will indemnify, defend and hold harmless each of the Releasees from any claim, expense, attorney's fees, loss, liability, damage, attendance thereat to the fullest extent permitted by law.

4. I acknowledge that I have read the rules and regulations governing the use of the Premises. I agree that the Participant and I will fully comply with all rules and regulations and with any amendments.

5. I further understand that in order to promote the safety of Dynamix's employees and visitors, as well as the security of the Premises, Dynamix will conduct video surveillance of any portion of the Premises at any time, the only exception being private areas of restrooms and that video cameras will be positioned in appropriate places within and around the Premises and used in order to help promote the safety and security of people and property. I hereby give consent on behalf of myself and the Participant to such video surveillance.

6. I hereby grant Dynamix Gymnastics permission to use my and/or the Participant's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon Dynamix Gymnastics for reimbursement for use of this material.

7. I have read this agreement, fully understand its terms, understand that I have given up substantial rights for myself and my heirs by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I recognize that Dynamix has agreed to allow the Participant to participate in the Program on the condition that I sign this agreement, and I agree to be bound by its terms. I have signed this agreement in consideration of the benefits the Participant will receive from participating in the Program.

_____
Signature of Parent or Legal Guardian

_____
Printed Name of Parent or Legal Guardian

_____
Printed Name of Participant

_____
Today's Date

Participant Name: _____ DOB____/____/____

Dynamix Gymnastics Emergency Contact/Medical Release Form

Emergency Contacts:

Please list authorized emergency contacts for your child in the order to contact (including yourself).

Authorized to pick up	First & Last Name	Cell Phone	Relation
	Parent #1		
	Parent #2		

Medical Info/Allergies:

List any allergies/major medical needs.

Medication to be administered	Allergy/Medical Needs	Symptoms	Course of action

I authorize Dynamix Gymnastics Staff to obtain emergency care for my child.

Parent Signature _____ **Date** _____

Request for Administration of Medication:

Medication must be turned in upon check-in to Dynamix staff. The medication MUST be labeled with your child's full name. Do not give any medication to your child to distribute.

In order to give your child any prescribed medication it must be:

- Medication in its original container.
- Camper's name clearly labeled on the container.
- If the medication is over the counter, please send in a doctor's note prescribing the medication with time and dosage.

I hereby request that my child, _____ be administered mediation.

Name of medication _____

Dosage_____

Reason/Time to be given_____

I authorize Dynamix Gymnastics Staff to administer the above listed medications to my child.

Parent Signature _____ **Date** _____

Sunscreen Authorization:

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Dynamix Gymnastics to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. All sunscreens must be supplied by parent.

I authorize Dynamix Gymnastics Staff to administer the above listed medications to my child.

Parent Signature _____ **Date** _____