

Camp Participant Information

Student Name _____ Gender _____ Age _____ D.O.B. _____ () _____ - _____
 School & Grade _____ Home Phone _____
 Street _____ City _____ CA _____ Zip _____ Emergency Name & Phone # Other than Parents _____
 Mom's Name _____ () _____ - _____ () _____ - _____ () _____ - _____ () _____ - _____
 Work Phone _____ Cell Phone _____ Father's Name _____ Work Phone _____ Cell Phone _____
 Has your child attended Day Camps before? Yes ___ No ___ Approx. month/year: ____/____/____ Email _____
 How did you learn about GymStars? Sign Web Yellow Pages Ad Radio Friend? Name _____
 If your child were to appear in a photo or video taken at our functions are we free to use it for marketing and advertising? (flyers, website, etc.) Yes ___ No ___

Camp Date/Time Selection

Camp Week(s) _____
 Full Time _____ Part Time _____ AM or PM _____ Single Day (dates) _____ Full AM PM
 Early Drop Off _____ Late Pickups _____ EM/LP Dates _____
 Notes _____

Camp Student Drop off & Pick up Information

- For your child's safety, please accompany your child into & out of the facility and sign in & out everyday.
- Check-in is 8:30am Full Time Hours 8:30am-4:30pm (12-1 sack lunch) Part Time Hours 8:30am-12:00pm or 1:00pm-4:30pm
- AM Pick-up is between 11:45am-12:00pm. PM Pickup is between 4:15pm-4:30pm. Late pickups will result in Late Pickup fee.

Name	Phone 1	Phone 2	Relationship

Please list those adults to whom your child may be released to and picked up by.
 Photo ID will be required for anyone signing out your child.

Please list anyone who *does not* have permission to pick up your child: _____

Please list any friends that your child would like to be placed with _____ Grade _____

Friend #2 _____ Grade _____

Are there any GymStars classes that we need to take your child to during or after camp? Y/N

If Yes, please list: _____

Emergency Medical Information and Treatment Authorization

The undersigned certifies that the participant is mentally and physically capable and able to fulfill the requirements to participate in any camp, class, performance, trip and/or event sponsored by GymStars Modesto. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I, _____ the parent/guardian of _____, give permission and hereby authorize GymStars Modesto and it's employees to give consent for my child or myself to receive medical treatment in the event that I cannot be reached or I am other wise unable to respond.

Are there any medical conditions to which we should be alerted? _____

Any use of the following: (contacts, glasses, hearing aids, etc.) _____

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other _____

Allergic to: Bee Stings Peanuts Tree Nuts Dairy Sun Screen Other _____

Medication allergies/Sensitivities _____

Is an epi-pen needed for any of the allergies above? Y / N If so, which ones? _____

Will your child be taking any medications while at camp or need an inhaler or epi-pen? Y / N **If so, please fill out the medication form.**

What type of reaction does your child have to stings? _____

Immunizations and History: ___ DPT Series ___ Tetanus Booster ___ Polio ___ Mumps ___ Tuberculin Test ___ Rubella ___ Hepatitis B ___ Chicken Pox
 (Give year of last immunization)

Has your child been exposed to or had (Check and write year of infection):

Rheumatic Fever ___ Chicken Pox ___ Measles ___ Rubella ___ Mumps ___ Other _____

Doctor's Name: _____ Doctor's Phone #: _____

Dentist's Name: _____ Dentist's Phone #: _____

Insurance Company: _____ Policy #: _____

Parent or Legal Guardian's **Signature** _____ Date _____

Please read the **Policy and Procedures** in the Brochure before registering

Office Use Only: Inputted By: _____ Verified By: _____



**DOUBLE O SPORTS INC. DBA GYMSTARS
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

FOR AND IN CONSIDERATION of being permitted to utilize the facilities, services and programs of Double O Sports Inc. dba GymStars(hereto referred to as GYMSTARS), **(or for my children to so participate)** for any purpose, including, but not limited to observation, use of the facilities or equipment, or receiving instruction, training, or supervision, participation in any onsite or off-site program with, on behalf of, or affiliated with GYMSTARS, or travel to and from any off-site program, THE UNDERSIGNED, for himself or herself **and such participating children** and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities and/or the program. It is further warranted that such entry into the GYMSTARS premises for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgment that such premises, all facilities and equipment thereon, and such programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation by the undersigned and such children and assumes the risks arising from the conditions of the premises, equipment and/or program.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER GYMSTARS FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION, USE OF FACILITIES OR EQUIPMENT, RECEIVING INSTRUCTION OR TRAINING, OR PARTICIPATING IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH GYMSTARS,THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE GYMSTARS, its directors, officers, employees, coaches, volunteers, agents and succession ownership (hereinafter referred to as "releasees") from all liability to the undersigned **or such children** and all their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children **whether caused by the negligence of the releasees or otherwise** while the undersigned or such children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with GYMSTARS.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them, from any loss, liability, damage, or cost they may incur due to the presence of the undersigned or such children in, about or upon the premises of GYMSTARS, or in any way observing, or using the facilities, or equipment thereon, or participating in any program affiliated with GYMSTARS, **whether caused by the negligence of releasees or otherwise.**

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasees or otherwise while in, about or on the premises of GYMSTARS and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with GYMSTARS.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL MODIFICATIONS, REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

I HAVE READ THIS RELEASE.

Name of Participant in Program

Print Applicant or Parent Name

Name of Participant in Program

Signature of Applicant or Parent

Name of Participant in Program

Date

Event _____