

Summer Programs Registration 2019 (Gymnastics Camps & Classes)

Students Name _____ M F Age ____ Birth-date _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Mothers Full Name _____ Fathers Full Name _____

Mothers Work Phone _____ Fathers Work Phone _____

Email Address _____

Gym Camp (Full Day 9:00AM – 4:00PM (\$350.00 per wk) / (Half Day 9:00 – 12:00 (\$165.00 per wk)

| Full Day | <input type="checkbox"/> | Half Day | <input type="checkbox"/> |
|------------|--------------------------|------------|--------------------------|
| July 15-19 | <input type="checkbox"/> | July 15-19 | <input type="checkbox"/> |
| July 22-26 | <input type="checkbox"/> | July 22-26 | <input type="checkbox"/> |
| Aug. 5-9 | <input type="checkbox"/> | Aug. 5-9 | <input type="checkbox"/> |

Gym Class: (7 week session \$100.00)

| | | |
|------------------|--------------------------|------------|
| Mon. 4:00 – 5:00 | <input type="checkbox"/> | ages 4 - 5 |
| Tue. 4:00 – 5:00 | <input type="checkbox"/> | ages 6 - 9 |
| Wed. 4:00 – 5:00 | <input type="checkbox"/> | ages 10 + |

Tumbling Class: 5: (7 week session \$100.00)

| | | |
|-------------------|--------------------------|------------|
| Thur. 4:00 – 5:00 | <input type="checkbox"/> | ages 6 - 9 |
| Fri. 4:00 – 5:00 | <input type="checkbox"/> | ages 10+ |

Full payment due with registration – Amt. Paid _____

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above.

In consideration of allowing the previously-declared participant to begin participation in The McKeon Center activities, while on the premises and property of said Center, the undersigned, being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Gym I & II, Inc./ The McKeon Center a Massachusetts Corporation, its owners, officers, employees, and agents, Joseph Menfi, Airport Industrial Parl, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which the McKeon Center is conducted, or any premises under the control and supervision of Gym I & II, Inc./ The McKeon Center, its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Gym I & II, Inc./ The McKeon Center, its owners, officers, agents, or employees. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature _____ Date _____