

# 2020 New Vision Training Center Summer Camp Registration and Health Form

**Students**

Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

**Responsible Party, Parents or Guardian:**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's

Cell \_\_\_\_\_

Emergency (other than parent)

Name \_\_\_\_\_ # \_\_\_\_\_

E-mail Address (print neatly) \_\_\_\_\_

**For Office Use Only**

Week 1 _____ (Due May 15 <sup>th</sup> )	Week 2 _____	Week 3 _____	Total _____	
Week 4 _____ (Due June 5 <sup>th</sup> )	Week 5 _____	Week 6 _____	Total _____	
Week 7 _____ (Due June 26 <sup>th</sup> )	Week 8 _____	Week 9 _____	Total _____	
Wk 10 _____ (July 17)	Wk 11 _____	Wk 12 _____	Wk 13 _____	Total _____
Total Amount Due _____		Total Paid _____		
Balance _____				

**MEDIA RELEASE**

New Vision Training Center may take pictures and/or video during class. These pictures and/or video will be used for media/advertising purposes only. If you would like to opt out of the Media Release please fill out and return the form located at the front desk.

Initial

**PAYMENT SCHEDULE AGREEMENT**

I understand that Summer Camp may be registered for and paid for in up to four payments according to the payment schedule below. I understand that if payments are not paid by the due date, there is no guarantee that there will be availability for my child to participate. If there is availability, I understand I will be charged a late payment fee of \$5. Additionally, I understand that any schedule changes made within any of the 4 pay periods will incur a \$10 processing fee.

Initial

**PAYMENT INFORMATION AGREEMENT**

I agree to keep valid credit card information on file with NVTC. I understand that camp tuition will be auto-drafted from this card in the event that payment is not made by each due date according to the schedule below.

Initial

**CLUB WAIVER AND RELEASE**

We the staff of New Vision Gymnastics II Inc recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, ninja training, parkour, bouldering, tumbling, cheerleading, and swimming. While safety is our number one priority, students may suffer injury, possibly minor, serious or catastrophic in nature. It must be recognized that any sport involving height and motion can lead to injury. There is inherently an increased risk of illness when children are together. Contractible illnesses are not completely avoidable.

New Vision Gymnastics II Inc, its coaches and its staff members are not liable for injuries or illnesses sustained by students or spectators during the course of any of its programs, or on any of the NVTC premises. With this in mind, and being fully aware of the risks and possibility of injury or illness involved, I consent to have my child participate in the programs offered by New Vision Gymnastics II Inc. I, my executors or other representatives, waive and release all claims that my child or I may have against New Vision Gymnastics II Inc. and its representatives, whether paid or volunteer.

I, being the parent or legal guardian of the above child, have read and understand the above waiver and give my permission of emergency medical treatment to be provided for my child should I not be available.

**Parent/Guardian**

**Signature**

**Date**

Does your child have any medical issues that we should be aware of such as asthma?

Please list or write on back of this

form

Do you have Health Insurance? \_\_\_\_\_ Medicaid \_\_\_\_\_

**As Parent or Guardian or Grandparent** I acknowledge that gymnastics is a strenuous physical sport and I certify that my child is in good health and physical condition and is fully able to participate in the program at New Vision Gymnastics II Inc. I further understand that I am financially responsible for all medical treatment.

**Parent/Guardian**

**Signature**

**Date**