## 2020 SUMMER CAMP - updated 6/18/20

Gold Coast Gymnastics, Inc. 1420 Rupp Lane- Lake Worth, Fl. 33460 (561) 585-2700-- www.gcgym.com

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E-mail: info@gcgym.com	One	Form Per Chil	d PLEASE	TYPE or PI	RINT C	LEARLY				A	4		
Child's Full Name	hild's Full Name					Fu Birth				19-20 ade			
Primary Contact Number #( )					Emer. Contact Name:								
*E-mail:						Emer. Contact number#( )							
Home Address					City Zip cod					ode			
Mother Name					Cell #( )								
Father Name		Cell	Cell #( )										
Additional adult Relationship Permitted to pick up to student							Cell #	( )					
Does your child have any Medical Alert, asthma, Insulin	Ye	es No	Explain										
Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.  Any Allergies: Food- yes/no liquid-(drink) yes/no Medical-(adhesives/medicine) yes/no Yes No Explain													
Rules & Policies Initial											Initial		
1 Only complete tuition payment will enroll a student. Sorry, we DO NOT offer refunds or credits for tuition, membership, classes, camps No credit/transfers/refunds for Day/time/classes missed. Payments: cash, checks, Visa, Master Card & Discover Credit Cards													
2 Sick participants are not permitted to participate/stay at GCG. If participant has symptoms of being ill – they will be required to be picked up early													
This includes and is not limited to- runny nose, cough, fever, vomiting, pink eye, ring worm, open sore/wounds. This is for the safety of all.  3 GCG requires all campers to have and follow proper gymnastics etiquette/behavior/rules. Campers not following etiquette/rules will not be permitted to													
participate in activitie 4 Photo & Video Use W	s. If deemed necessary, parent aiver & Release	/guardian may be	called to pick	up camper.						$\dashv$			
I, hereby grant and authorize Gold Coast Gymnastics, Inc. the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, websites, social networking sites and other print and digital communications. This authorization extends to all media, formats and increase and anterials shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of Gold Coast Gymnastics, Inc. and will not be returned													
DISCOUNTS- 10%-disc siblings -ONLY one type of discount may be used per child (siblings are not eligible for the EB disc. They will automatically get 10% off)													
Girls Attire: Leotards only. No bare mid drift, no- t-shirts with shorts, jewelry.  Boys Attire: Athletic T-shirt and athletic shorts- No jeans shorts  We prefer that all electronics be left at home!! Due to digital technology, uploading capabilities and social media, campers may not have cell phones, and/or similar media devices at camp.  We take the safety and privacy of our campers very seriously and know that you do, too.  You may send activity books, puzzles, games, chapter books etc.!													
I understand that participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of catastrophic injury, paralysis, and even													
death. I understand and agree that GOLD COAST GYMNASTICS, INC., and its entire staff and volunteers will assume no responsibility for injuries or medical expenses incurred by my son, daughter, student(s) or myself. My student(s), child (or I) has (have) no physical, mental or emotional problems that would interfere with participation in this program. I give permission for a Doctor, Medical													
Professional or Hospital to treat my child in the event of a medical emergency.  I have read and understand the consent for participation and Medical Waiver and Rules and Policies  Parent Name-(Print)  Parental Signature  Date													
By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing.													
Commonly transmitted between persons rather than from equipment to persons.  Although we regularly sanitize our equipment and presently are using enhanced cleaning methods and enforcing social distancing in our facility, you understand that you may be exposed to the MRSA, Influenza													
coronavirus or its symptoms through no fault of our own. Known coronavirus symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure, and may include other symptoms, stroke, or even death (collectively "Symptoms"). You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of COVID-19 or any other disease, illness, or condition, nor for exacerbating any existing symptoms, even if arising from the negligence of the releases or others and you fully agree to accept all risks of entering the facility, using the equipment, working with coaches,													
attending classes, practices and	/or interacting or being exposed to oth	ner members.	ases or others and	you fully agree				, ,		iking with	coaciles,		
	Camp Information	1			Prices are for the Full Week								
Girls & Boys: Ages 5yrs- 12yrs old Camp Times: 9:00am -3:00 pm campers may be picked up at any time					00- Fu	ll Day		\$ 175.0	00				
Activities: 9-12: Gymnastic	For	For social distancing we have reduced the number of											
trampoline, open-workout, Games  12-1: Lunch & Rest/Digest Time- Please pack lunch in cooler/lunch box.						campers per day.							
1-3: Fun Activities-will include: Gymnastics events, Challenges and Sign up early to guarantee your spot!													
Campers need to bring their own water bottle  Campers need to bring their own water bottle  2020 Summer Camp Registration \$20.00													
	_	1					ip Re	gistrati		\$20.			
	/eek	Time of car		ays attendi		Tuition			¹	Total D	ue		
	-June 5	9am-3p		I-T-W-TH									
	- June 12	9am-3p		I-T-W-TH I-T-W-TH									
	5- June 19 2- June 26	9am-3p		I-T-W-TH I-T-W-TH									
	9- July 3	9am-3 <sub>1</sub> 9am-3 <sub>1</sub>		I-T-W-TH									
	- July 10	9am-3p		I-T-W-TH									
	3- July 17	9am-3p		I-T-W-TH									
	)- July 24	9am-3p		I-T-W-TH			-+		-+				
	7- July 31	9am-3p		I-T-W-TH					-+				
10 Aug 3		9am-3p		I-T-W-TH									
Payment receip	_		· · · · · · · · · · · · · · · · · · ·	111	-	Total Pa	ابر د م	•					
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## **Gold Coast Gymnastics, Inc.**

1420 Rupp Lane Lake Worth Beach, Fl. 33460 561-585-2700

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## Addendum: Viral Waiver

As an Addendum to the Waiver you have previously signed with Gold Coast Gymnastics, Inc. as a member, you agree and understand the following:

By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. Commonly transmitted between persons rather than from equipment to persons.

Although we regularly sanitize our equipment and presently are using enhanced cleaning methods and enforcing social distancing in our facility, you understand that you may be exposed to the MRSA, Influenza coronavirus or its symptoms through no fault of our own. Known coronavirus symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure, and may include other symptoms, stroke, or even death (collectively "Symptoms"). You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of COVID-19 or any other disease, illness, or condition, nor for exacerbating any existing symptoms, even if arising from the negligence of the releases or others and you fully agree to accept all risks of entering the facility, using the equipment, working with coaches, attending classes, practices and/or interacting or being exposed to other members

Name of Gymnast #1	Name of Gymnast #2	Name of Gymnast #3
	_	
Signature of Farenty Guardian		
Printed Name	_	
Date		

Please Note: Only the Parent/legal guardian may sign for the participating gymnast.