# Summer Camp Information & Waiver Form

## STUDENT INFORMATION

Student's Name:_____ Gender:_____ Age:_____ DOB:_____

Street Address:_____ City:_____ State:_____ Zip code:_____

Home Phone Number:_____ Email:_____

School:_____ Grade:_____

## LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian #1:_____ Employer:_____

Work Phone Number:_____ Cell Phone Number:_____

Parent/Legal Guardian #2:_____ Employer:_____

Work Phone Number:_____ Cell Phone Number:_____

## MEDICAL & EMERGENCY INFORMATION

Are there any medical conditions, mental or physical disabilities? No _____ Please explain:_____

_____

Allergies:_____ Medications:_____

Insurance Company:_____ PCP:_____

Phone Number:_____

Emergency Contact: _____ Relationship to Student:_____

Phone Number:_____

How did you hear about us?_____

# PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY

I am fully aware of and appreciate the risks and possibility of injuries, damages, and other losses that may result from participation in gymnastics, tumbling, dance, or cheerleading instruction, activities, and events.

On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless and indemnify Hahn's Gymnastics, LLC, its officers, directors, agents, and employees (hereinafter collectively "Hahn's"), from any and all claims for personal injury, property damage or wrongful death and any damages resulting therefrom, that may arise out of, or in any way related to, my participation in gymnastics, tumbling, dance, or cheerleading instruction, activities and events or other activities involving Hahn's and travel related to such participation.

I hereby give my consent to Hahn's to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services warranted in the course of my participation in the instruction, training, and other activities of Hahn's Gymnastics, LLC.

I hereby give consent to Hahn's to take photographs and videos of my child(ren) to use in future advertisements, brochures, internet, and website.

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 have read and understand the terms of this agreement, and I agree to be bound by its terms.

Participant's Name (Please Print):_____

Participant's Signature:_____Date:_____

Parent/Guardian Name(Please Print):_____

Parent/Guardian Signature:_____Date:_____

# CREDIT CARD CHARGE AUTHORIZATION FORM

**Hahn's Gymnastics, LLC.**

**18 Legend Dr.**

**Arden, NC 28704**

Name on Credit Card:_____

Credit Card Type: Discover

Credit Card Number:_____Expiration Date:_____Security Code:_____

Billing Address:_____

_____

Mailing Address:_____

_____

The estimated total weekly fees will be determined by the specific Summer Camp type selected by the applicant.

The undersigned customer agrees that they may choose to pay Hahn's Gymnastics, LLC by check, cash, or credit card. However, Hahn's Gymnastics, LLC requires this credit card authorization to be on file with Hahn's Gymnastics, LLC.

The undersigned hereby authorizes Hahn's Gymnastics, LLC to charge said credit card the amount due from the customer to Hahn's Gymnastics, LLC. If any payment to Hahn's Gymnastics, LLC is delayed by more than three (3) business days from the invoice due date, whether the result of a failure or refusal to pay such charge, a **$35.00** late fee will be applied. In the event of a returned check, a returned check fee of **$35.00** will be applied to the balance due. In addition, a **$15.00** credit card processing fee will be added to the total balance due.

Being the authorized cardholder, the undersigned agrees to the terms set forth in this agreement and specifically authorizes Hahn's Gymnastics, LLC to charge my credit card for the services/goods provided by Hahn's Gymnastics, LLC. I further agree that in the event my credit card becomes invalid, I will immediately provide Hahn's Gymnastics, LLC with a new duly executed Credit Card Charge Authorization Form upon request, to be charged for the payment of any outstanding balance owed by Hahn's Gymnastics, LLC. I will not dispute any legitimate charges processed by Hahn's Gymnastics, LLC. This authorization will remain in full until terminated in writing by the undersigned.

# HAHN'S GYMNASTICS SUMMER CAMP

# PAYMENT & POLICIES FORM

**Registration Paperwork:** I understand and agree to complete all registration paperwork and will leave no areas blank. I will attach all required documentation, or my camper will not be permitted to attend the program. The person who completes registration paperwork is responsible for the payment and is the only one who can amend forms.

_____ (Parent/Guardian initials)

**Behavior Management Policy:** Discipline steps for inappropriate or disruptive behavior are as follows:

1. Clear and specific redirection of what the camper should be doing.
2. Remove the camper from the activity and direct to age-appropriate "personal time."
3. Verbal and/or written communication with parent/guardian
4. If behavior continues, Parents will be called, and the camper removed from the program.

I have read the behavior management policy and agree as outlined.

_____ (Parent/Guardian initials)

**Grounds for Removal of a Camper from the Summer Camp Program:**

1. Non-payment of fees.
2. Camper's disregard for program rules and regulations.

**Drop-Off and Pick-Up Procedure:**

1. Campers must be signed in and out each day.
2. Only individuals listed on the camper's forms will be allowed to pick up the camper.
3. Picture ID is required for all individuals who are signing a camper out. This includes those who regularly pick up the camper, until staff can sight-recognize those individuals.
4. Please note that late fees this year have changed to one dollar per minute beginning at 5:35 unless we have been informed in advance that late care was needed.

**Medication Policy:** Please talk to the front desk staff if your camper requires prescription medication during camp hours. Medication must be clearly labeled with the child's name and in the original package.

_____ (Parent/Guardian initials)

**Sunscreen and Bug Spray:** Hahn's Gymnastics Staff is allowed to apply sunscreen and/or bug spray to my camper.

_____ (Parent/Guardian initials)

**Field Trips & Transportation for Full Day Campers:** My child is allowed to leave Hahn's Gymnastics on authorized field trips under the supervision of Hahn's Gymnastics Staff. Your signature on this form gives your permission for your child to be transported in Hahn's Gymnastics vehicles.

_____ (Parent/Guardian initials)

## PAYMENT POLICIES

**A non-refundable and non-transferable deposit of $50 per week per camper is due at registration.** This fee is applied to the weekly tuition. Cash, check, debit/credit card, and auto-payment are accepted for the deposit. There is no registration fee for camp.

_____ (Parent/Guardian initials)

**An Auto-payment must be set up to pay the rest of the camp balances.** Auto-payment will be charged three weeks prior to the start of the camp. If the balance is not paid in full, your child will lose their space and not be allowed to attend.

_____ (Parent/Guardian initials)

**All cancellations and changes must be submitted in writing three weeks prior to the start of the camp week the changes affect.**

_____ (Parent/Guardian initials)

**Refunds will not be given for changes or cancellations.** Any deposits and payments made are non-transferable or refundable.

_____ (Parent/Guardian initials)

**Refunds or credits will not be given for any missed days or weeks for any reason.**

_____ (Parent/Guardian initials)

Parent/Legal Guardian Signature: _____

Date: _____