

# DIAMOND GYMNASTICS

## school break 2020 extended lessons enrollment

### GENERAL INFORMATION

Child Name	_____	Registration Date	_____
Parents Names	_____	Child Age	_____
Address	_____	Child Birthdate	_____
	_____	Phone (Home)	_____
	_____	Phone (Work)	_____
Email	_____	Phone (Cell)	_____

### MEDICAL INFORMATION (list allergies, medication and other medical ailments)

Allergies	_____
Medication*	_____
Other	_____

\* If medication is to be administered please complete Medication Permission Form.

### SIGN-OUT AUTHORIZATION (Individuals Other than Parent/Guardian )

Name	_____	Name	_____
Name	_____	Name	_____

### EMERGENCY CONTACT (Emergency Form must also be completed)

Name	_____	Relationship	_____	Tel #	_____
Name	_____	Relationship	_____	Tel #	_____
Name	_____	Relationship	_____	Tel #	_____

### CAMP WEEKS

Check each day enrolling for the AM: 9am – 12pm	<input type="checkbox"/>	Monday 12/28	<input type="checkbox"/>	Tuesday 12/29	<input type="checkbox"/>	Wednesday 12/30	<input type="checkbox"/>	Thursday 12/31
Check each day enrolling For the PM: 1pm – 4pm	<input type="checkbox"/>	Monday 12/28	<input type="checkbox"/>	Tuesday 12/29	<input type="checkbox"/>	Wednesday 12/30	<input type="checkbox"/>	Thursday 12/31

### CAMP ATTIRE

Campers should bring appropriate outdoor clothing for camp. Campers will be visiting a local park, weather permitting.

### TUITION/CANCELLATION

Once Holiday Break Camp has started there is \$25 cancellation fee for each day you are canceling.

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## emergency form

GENERAL INFORMATION			
Child Name	_____	Child Birthdate	_____
Parents Names	_____	Phone (Home)	_____
Address	_____	Phone (Work)	_____
	_____	Phone (Cell)	_____
	_____	1 <sup>st</sup> week of camp	_____
Father (Guardian)	_____		
Mother (Guardian)	_____		
Please list three relatives or friends who can be reached in case of illness or emergency if the individuals above cannot be contacted:			
Name	Relationship	City	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### AUTHORIZATION FOR PEDIATRIC / EMERGENCY / MEDICAL / SURGICAL TREATMENT

Explanation; It is the firm hope that the authorization granted in this form will never be needed. For the safety of the children, however, sound medical practice calls for such authorization. The authorization granted by this form will be used only when absolutely necessary.

### AUTHORIZATION

I authorize Diamond Camp to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Diamond Summer Camp). In case of emergency requiring medical attention, I hereby give permission to have my child, \_\_\_\_\_ taken to CarePoint Health Hoboken University Medical Center or other nearby medical facilities for medical care.

Family Insurance Company	_____
Hospitalization Policy #	_____

I also authorize Diamond Staff to take a temperature reading if necessary using an armpit or ear thermometer.

List allergies or indicate "none"	_____
List Medical problems or indicate "none"	_____

SIGNATURE OF PARENT/GUARDIAN	
Name	Date

# DIAMOND GYMNASTICS

## DIAMOND GYMNASTICS INC. WAIVER/RELEASE OF LIABILITY

*Please read carefully before signing. This is a release of liability and waiver of certain rights*

I, \_\_\_\_\_, the Parent and/or Guardian of \_\_\_\_\_, \_\_\_\_\_, the enrolled participant of Diamond Camp understand that gymnastics, rock wall climbing, park visits & swimming are daily activities of the camp, and that each could be considered **HAZARDOUS** activities. I also recognize that there are risks inherent in each of these activities.

The enrolled participant's parent/guardian hereby agrees to indemnify and hold harmless Diamond Gymnastics of Hoboken LLC., its coaches, officers, directors, agents and employees against any liability resulting from injuries that may occur to the participant in gymnastics, wall climbing, park visits, swimming and other ordinary camp activities. The parent / guardian of the participant also agrees to indemnify Diamond Gymnastics of Hoboken LLC. for any damages incurred arising from any claims, demands, action or cause of action by the participant.

The parent / guardian of the participant authorize any representative of Diamond Gymnastics of Hoboken LLC. to have the participant treated in any medical emergency during their participation in said activities. Further the parent / guardian agrees to pay all costs associated with medical care and transportation of the participant.

Any medical or health problems have been disclosed to Diamond Gymnastics Camp.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.**

SIGNATURE OF PARENT/GUARDIAN

Date

### AUTHORIZATION TO VISIT LOCAL PARK

I give permission for my child to walk to a local park on a daily basis (weather permitting) during regular camp hours for the purpose of playground activities and swimming. I do understand that Diamond campers will be accompanied by Diamond Camp Counselors.

SIGNATURE OF PARENT/GUARDIAN

Date