

Magnitude 10.0 Gymnastics  
 3622 Central Pike  
 Hermitage, TN 37076

**Summer Camp 2019  
 Enrollment Form**  
 (Front & Back must be filled out entirely)

Phone: 615-883-5166  
 magnitudegymnastics@comcast.net

Child (1) \_\_\_\_\_ M F Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Allergies (include food) \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Phone# Parent/Guardian Daytime #(s) \_\_\_\_\_

Address (Street, City, State & Zip) \_\_\_\_\_

Emergency contact & phone#(s) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_

**Please put a check  for each day your child/children will be attending camp. Do you require before or after care? YES  NO**

**If you require EXTENDED CARE HOURS, please mark the applicable box with "ECH"**

Camper	5/28	5/29	5/30	5/31	6/3	6/4	6/5	6/6	6/7	6/10	6/11	6/12	6/13	6/14	6/17	6/18	6/19	6/20	6/21	6/24	6/25	6/26	6/27	6/28	
1																									
2																									
3																									
Camper	7/8	7/9	7/10	7/11	7/12	7/15	7/16	7/17	7/18	7/19	7/22	7/23	7/24	7/25	7/26	7/29	7/30	7/31	8/1	8/2					
1																									
2																									
3																									

Child (2) \_\_\_\_\_ M F Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Allergies (include food) \_\_\_\_\_

Child (3) \_\_\_\_\_ M F Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Allergies (include food) \_\_\_\_\_

The Summer Camp Registration Fee is required for each camper. This fee is due at sign-up & is non-refundable or transferrable.

**Do you want a receipt for tax purposes? Please circle YES NO**

**Waiver:** I hereby consent for my child (or children) to participate in Magnitude 10.0 Gymnastics Summer Camp Program. I recognize that potentially severe injuries, including permanent paralysis or even death, can occur in any activity involving height or motion that take place in an indoor gym or outdoor playground environment. I understand that it is the express intent of the program organizers to provide for the safety and protection of its participants and in consideration for allowing my child (or children) to use the facilities and participate in the above listed camps. I hereby release Magnitude 10.0 Gymnastics, LLC, its owners, officers, employees and contractors, from all liability for any and all damages and injuries suffered by my child (or children) while under the instruction, supervision or control of Magnitude 10.0 Gymnastics. Unless otherwise noted, I also hereby give my permission to trained medical professionals to administer emergency medical treatment to my child (or children), should sickness or accident occur. This acknowledgment of risk and waiver of liability, having read and understood fully, is signed voluntarily as to its content and intent.

**PRINTED** Parent or Legal Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE** of Parent or Legal Guardian \_\_\_\_\_ **Fee Paid (if applicable) YES NO N/A**

\*\*\*\*\***E-MAIL ADDRESS:** \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_\*\*\*\*\*

My signature in this box acknowledges that I have read, understand and accept all rules and policies set forth on the attached page regarding pricing, payments, cancellations and refunds; I also know that I have been given the copy of the attached page for my reference.

**SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

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