3rd Annual Oklahoma MEGA Team Camp

\*Gymnast must have solid Back Handspring to attend Camp

July 15 & 16, 2022 (Fri & Sat)

$160

Registration and Medical Release Form. A deposit of $100.00 must accompany this application form. Deposits are applied toward the tuition and are non-refundable after 6/1. Make checks payable to: MEGA Gymnastics, 13 E. Jackson Ave, McAlester, OK 74501

Schedule: July 15 & 16 8-9am Check in

 9-noon Workout

 12-1pm Lunch (not provided)

 1-2pm Open Gym

 2-5pm Workout

 **7-9pm Friday - Private Pool Party at Lee Pool**

GYMNAST’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_ T-shirt Size: \_\_\_\_\_\_\_\_\_\_\_

USAG LEVEL for 2021-22 Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Gym: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Leo Size (2 different Camp Leos with your gyms’ name on them): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($70 by 6/1)

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Having been informed of the activities to be conducted by the McAlester Elite Gymnastics Academy, LLC (aka MEGA Gymnastics) I, a parent or guardian of the participant, give my approval for the above named student’s participation in any and all activities of the program. I assume all risks and hazards incidental to the program, including transportation to and from these activities. I further release, waive, and forever discharge any and all rights and claims against McAlester Elite Gymnastics Academy llc aka MEGA Gymnastics, its owners, instructors and employees, holding them harmless from any injury of the participant occurring during the program. Furthermore, I hereby authorize the directors of the MEGA Gymnastics to act for me according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems which affect my child’s ability to safely participate in this camp.

**Signature of Parent, Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**