MEGA Gymnastics camp

For girls

July 17 – 18

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 June 10th. Make checks payable to: MEGA Gymnastics, 13 E. Jackson Ave, McAlester, OK 74501

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

Leo Size (if purchasing 2 Camp Leos with your gyms’ name on them): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($70 by 5/13)

USAG LEVEL for 2020-21 Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Gym: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**