

2019 Get Upgraded Camp Registration and Release

Hosted By: Michigan Elite Gymnastics Academy

STEP 1 Family Information/Parent/Guardian/Billing Contact

First Name _____	Last Name: _____
Address (street) _____ (City) _____ (state) _____ (zip) _____	
Home Phone _____	Cell Phone _____ Other _____
E-mail (we will not share this--for in-house purpose only) _____	
How did you hear of us? (check all that apply) Friend: _____ Facebook: _____ Internet: _____ Other: _____	

STEP 2 Participant Information

Gymnast Last Name _____	Gymnast First Name _____
Age _____	Birthdate _____ Level _____
Ozone Leotard Size (circle one): YXS YS YM YL AXS AS AM AL AXL	
Club Name _____	Club Address (City, State) _____

STEP 3 Emergency Information and Permission to Provide Assistance

Emergency Contact (other than parent) _____	Telephone _____
Does the student have any medical conditions or taking any prescriptions to which we should be alerted? YES NO	
If yes, please explain: _____	
I have completed the required concussion waiver as required by the state of Michigan. _____ (initial)	
I understand that it is the express intent of MEGA to provide for the safety and protection of my self and my child(ren). I further understand that safe, professional gymnastics and related instruction often includes hands-on spotting to my child.	
I understand that the employees, coaches, agents, teachers, and volunteers of MEGA Fun and Fitness, Michigan Elite Gymnastic Academy, Motion Evolution or other adjunct programs or events ("MEGA Staff") are not physicians or medical practitioners of any kind. Nevertheless, I hereby agree that MEGA Staff may render first aid to the students listed above in the event of any injury or illness, and if deemed necessary by MEGA Staff, to call a physician and to seek medical help, including transportation by MEGA Staff to any health care facility or hospital. _____ (initial)	

STEP 4 Acknowledgement and Assumption of Risk and Waiver of Liability

I, _____ represent I am the legal guardian of _____ ("Participant") and hereby consent to all Participant's (including myself/and or spouse/nanny/guardian/grandparents, and/or any adult out on the gym floor) participation in all programs of MEGA Fun and Fitness, Michigan Elite Gymnastic Academy, Judo Club of Novi (all such entities hereafter collectively referred to as "MEGA") or other programs or events conducted in association with MEGA ("Programs"). I recognize that participation in any or all of the Programs will include a variety of activities including without limitation dance, gymnastics, tumbling, trampoline activities, fitness, and/or martial arts, and other activities that such inherently have significant risks of injury as a result of many factors including but not limited to use of equipment, exposure to heights, lights, loud music, fast motions, being inverted, or coming into contact with hard or stationary structures. Furthermore, these risks exist even if all due care is taken, but may be even more prominent in the event of the negligence of an employee or agent of MEGA or of another Participant, or due to features of the premises on which the Programs are conducted. I understand that severe injuries could result from the Participant's participation in one or more of the Programs, and that such injuries may include contagious disease, paralysis, permanent serious injuries or disfigurement, or death. I also recognize that efforts to provide first aid or other assistance to Participant may result in unintended increased injury to Participant. Although the risk of participation in the Programs cannot ever be eliminated, I agree to advise the Participant of the aforementioned risks, and to encourage the Participant to follow any safety rules and the coaches' instructions. I represent and warrant that there is now in place, and there will continue to be during all times that Participant is participating in the Programs, proper hospitalization, health, and accident insurance coverage, which I consider adequate for Participant in light of their participation in the Programs. With knowledge of the aforementioned risks, on behalf of Participant and myself, and all other persons with the ability to make a claim through or on behalf of the Participant, I hereby assume the risks of Participant's participation in the Programs, and hereby release MEGA, its owners, officers, employees, coaches, agents, teachers, and volunteers (the "MEGA Personnel") from all claims and/or liability for damages and/or injuries of any kind or nature suffered by Participant on account of the Participant's participation in the Programs. I understand that MEGA is relying on the representations made herein, as well as this assumption of risk and release of liability, in agreeing to allow Participant to participate in the Programs. Accordingly, I agree to indemnify and hold the MEGA Personnel harmless with respect to any claims made against the MEGA Personnel by or on behalf of the Participant arising out of Participant's participation in the Programs.

THIS FORM INVOLVES SUBSTANTIAL LEGAL RIGHTS. BY SIGNING BELOW, YOU REPRESENT YOU HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS FORM AND AGREE TO BE BOUND THEREBY.

_____	_____
Parent or Legal Guardian	Date

MEGA's employees shall have the right to refuse service to, and to expel from its property, any person who engages in disruptive, intimidating or violent behavior; theft; property damage; or other conduct perceived by management to be dangerous or disorderly to MEGA, its employees or its customers. No refunds will be given. _____ (initial)

I hereby have read the above information and understand the contents.

Signature: _____ **Date:** _____

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CAMP FEES:

- \$500 Total
- A \$100 non refundable deposit is due upon registration.
- The final balance of \$400 will be due on June 10, 2019
- (Please note that if final payment is not paid by June 10, 2019 gymnasts will lose their camp spot and there will be NO refund for the \$100 deposit.)

REGISTRATION CRITERIA FOR GYMNAST:

- Gymnast must turn 6 years old within the calendar year.
- Gymnast must register with a coach's approval and recommendation.
- Gymnast cannot attend without their coach's attendance and participation. (Please note that if your gymnast registers, but does not meet these requirements, their deposit is still nonrefundable and they will NOT be permitted to attend the camp)

BILLING:

Please select one of the following billing options (initial)

OPTION 1: _____ PAID ONLINE BY CREDIT CARD

OPTION 2: _____ MAILED IN CHECK (SEND CHECK TO: MEGA 22475 HESLIP DR., NOVI, MI 48375)

CHECK ONE: PAID IN Full \$500 _____ OR \$100 DEPOSIT _____

Signature: _____ Date: _____

PHOTO RELEASE

Michigan Elite Gymnastics Academy & Get Upgraded Gymnastics Camp have my permission to use my child's photographs publically to promote the Camp. I understand that the images may be used in print publications, online publications, presentations, websites, and all other social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Signature: _____ Date: _____

MEGA Fun and Fitness/Michigan Elite Gymnastics Academy
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