1710 MIDWAY ROAD
ODENTON, MD 21113
410-551-5396

winwingymnastics.com
winwingym@gmail.com

Camp Registration

Student Name:_____ Sex: _____ Age: _____ DOB: _____
(Last, First, Middle Initial)

2nd Student Name: _____ Sex: _____ Age: _____ DOB: _____
(Last, First, Middle Initial)

3rd Student Name: _____ Sex: _____ Age: _____ DOB: _____
(Last, First, Middle Initial)

Address: _____
(Street, Apt., City, State, Zip)

Parent/Guardian Name: _____ Telephone: _____
(Last, First, Middle Initial)

Secondary Phone: _____ Email Address: _____

Consent and Release Agreement

I give permission for my child(ren) named above to participate in gymnastics at Win-Win Gymnastics. I understand that gymnastics is inherently dangerous. I accept that any activity involving motion or height can cause serious, permanent or fatal injury. I will abide by the gym rules and policies. I verify that my child(ren) named above has had a medical examination within the last twelve months and is physically capable of participating in the sport of gymnastics.

I also verify that my child(ren) named above is covered by a personal /family accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child(ren) named above is at Win-Win Gymnastics. In the event of injury or illness, ever effort will be made to contact the parents or guardian. I authorize Win-Win Gymnastics to administer first aid and/or medical treatment. I waive the option to sue should my child(ren) incur an injury and agree to forever release Win-Win Gymnastics and its owners, employees or agents from any and all liability of whatever kind of nature.

Parents/Guardian's Signature _____Date _____

Dates Requested (SPRING BREAK / SUMMER CAMP) ***(please see website for dates available and write in request)***	**Paid**	**Payment Method**	**Date**