

CAMP REGISTRATION FORM

Child: _____ SEX: _____ AGE: _____ DOB: _____

Child: _____ SEX: _____ AGE: _____ DOB: _____

Child: _____ SEX: _____ AGE: _____ DOB: _____

Home Address: _____
Street City Zip

Current E-mail: _____

Mother Name: _____ Father Name: _____

Mother Cell: _____ Father Cell: _____

Emergency Contact: _____ Phone: _____

Payment Policy: Please register carefully! There are **NO REFUNDS!**

We accept Cash, Check, and Visa & MasterCard. Credit card must be presented in person.

There is a \$25 charge for returned checks.

Parental Consent:

- I understand there are **NO REFUNDS.**
- Students are expected to **carry their own accident/or medical insurance.** The above named student/s has had a medical examination within the last twelve months and is fully capable of participating in the sport of gymnastics.
- **WARNING** by the very nature of the activity, gymnastics carries a risk of physical injury. Coached and instructors of Irving Gymnastics Association are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact a parent or guardian. If necessary, I authorize Irving Gymnastics to administer first aid and/or authorize medical treatment if deemed necessary.

Parent or Guardian Signature: _____ Date: _____

HEALTH HISTORY/CONSENT FORM

Child's Name: _____ Home Phone: _____

Mother/Guardian: _____ Cell: _____ Work: _____

Father/Guardian: _____ Cell: _____ Work: _____

Camper's Physician: _____ Phone: _____

May be picked up by:

_____ Cell or Home: _____ License#: _____

_____ Cell or Home: _____ License#: _____

IMMUNIZATION INFORMATION: All campers must be current on all immunizations*.

Date (month and year) of last tetanus (or DPT) shot: _____ (date required).

- Camper is currently enrolled at _____, a Texas private or public school.
- Camper is NOT enrolled in the Texas Public School System but has received all immunizations as required by the Texas DSHS Recommended Childhood Immunization Schedule*. I will provide a copy of immunizations.
- Camper is exempt from any immunization on medical or religious grounds. I will provide a signed copy of Texas Department of Health and Mental Hygiene Immunization Certificate*.

*See <http://www.dshs.state.tx.us/> (Immunization) for information.

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, special needs or allergies that our staff should be aware of in working with your child.

___No known allergies. ___Yes, Food Allergies* _____

___Yes, Other Allergies _____

*Children with Food Allergies: All the campers eat together in the same room, but IGA can group campers with allergies at the same table. Sharing food is discouraged, but IGA's staff cannot be responsible for any food the campers bring in or share.

III. MEDICATIONS: ALL medications, including nonprescription medication, **require an authorized prescriptive order** that includes that number of doses that can be administered during camp hours. Medication must be in the original container. IGA adheres to Texas State mandated **self-administration policy for medicine**. A staff member will supervise any medicine taken by the campers, but only EpiPens will be administered by IGA staff. **I declare that my child is responsible and mature enough to administer medicine on their own.**

Name of Medication (s) _____

Parent or Legal Guardian's Signature _____ Date _____

IV. CONSENT & RELEASE AGREEMENT: To the best of my knowledge, the above information is correct. My child has had a medical examination within the last twelve months and is physically, mentally and emotionally **able to participate** in IGA's summer camp. I understand and am fully aware that **gymnastics** and gymnastics related activities inherently dangerous. I accept that my child will be participating in activities that involve motion, height, climbing, swinging, tumbling, swimming, and other actions that can cause minor, serious, or even fatal injuries. If deemed necessary by IGA's staff members, I authorize IGA to administer first aid and/or authorize medical treatment. I agree to **be responsible for any medical bills** incurred resulting from illness or injury while my child is at IGA Gymnastics.

Parent or Legal Guardian's Signature _____ Date _____