

# Summer Fun Drop Off

Do you need something FUN for the kids to do in the mornings?  
**WE HAVE JUST THE THING!**

For children ages 3-12

(Children will be grouped by age.)



We will provide basic gymnastics, games, parachute activities  
and FUN for your child from 9:00 am - 12:00 noon

*Sign Up Early!*

*Spaces Limited!*

The cost is \$17.00 per date/per child.  
Registration information is on the reverse side.



## The Fridays Available Are:

June 22   June 29   July 13   July 20  
July 27   August 3   August 10

\_\_\_\_\_  
Name Age DOB Gender

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
Home Phone Emergency #/Cell

Please circle the dates you wish to attend:

June 22 June 29 July 13 July 20 July 27 August 3 August 10

**MUST BE PAID IN ADVANCE. FEE IS NON-REFUNDABLE**

Acknowledgement of Risk and Waiver of Liability – Read Before Signing

As Legal guardian of \_\_\_\_\_ (child's name), I hereby consent to the aforementioned person participating in the Columbus Gymnastics Academy Inc.'s programs.

By the very nature of the activity, gymnastics, cheerleading, and martial arts all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced yes, but never eliminated.

**I UNDERSTAND AND ACCEPT THAT RISK.**

In consideration of my participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy Inc., the Columbus Gymnastics Academy Inc., Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child's engaging or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for, or under the direction of Columbus Gymnastics Academy, Inc.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

Please complete the registration information, sign the waiver above, and return it with your payment to:



**Permission to Treat (Optional)**

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

Medications Taken: \_\_\_\_\_ Allergies: \_\_\_\_\_