



# No School Day Camp Registration Form

IGM Gymnastics • 14305 Southcross Drive W. Suite 120 • Burnsville, MN 55306  
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Child's Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child #1: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_  
Child #2: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_  
Child #3: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Email Address: (Required) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about IGM?: \_\_\_\_\_



**Note: Lunch will not be provided, please drop off bag lunch daily.**

\* Please Note: IGM provides a snack in the morning and afternoon. We do our best to make sure the snacks are nut free. If your child has food allergies, whether minor or severe, please notify the office. You are welcome to pack your child their own snacks each day.

**Cancellation Policy:** Camp tuition minus a \$10 processing fee will be refunded if written cancellation notice is received two weeks prior to the first day of camp. **NO** refunds or credits for missed camp days.  
**Late Charge:** A \$5 late charge incurs 10 min after camp ends, if you are not registered for late pick-up. \$20 for every 1/2 hour late.

### Camp Enrollment Fees:

\_\_\_\_\_ x \$50 = \$ \_\_\_\_\_

\_\_\_\_\_ x \$35 = \$ \_\_\_\_\_

\_\_\_\_\_ x \$5 = \$ \_\_\_\_\_

- Promo/discount= \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Early Drop-Off:** As early as 7:30am  
\$5/child  
**Late Pick Up:** As late as 5:30pm  
\$5/child

**Early Drop Off**

**Late Pick Up**

### For Office Use Only:

Date Paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
SD \_\_\_\_\_ CC \_\_\_\_\_ Initials \_\_\_\_\_

**Payment Type:** Cash Check # \_\_\_\_\_ Credit Card

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration: \_\_\_/\_\_\_ 3 Digits on back: \_\_\_\_\_ IGM accepts cash, check, VISA, MasterCard, & Discover.

### Waiver/Release:

**ASSUMPTION OF RISK, WAIVER OF LIABILITY** As legal guardian and/or one of the above named persons and/or participants, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to inflatable's, gymnastics, tumbling, cheerleading, clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, open gym time, field trips, Special Olympics, competitions, preschool, group activities, sleepovers, parents night out, trampoline, dance, conditioning, and obstacle courses.. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at IGM Gymnastics and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE IGM Gymnastics, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of IGM Gymnastics. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels is appropriate. IGM Gymnastics will only warn the participant thru safety messages and our teaching style and progressions. I also understand and give permission for photographs and videos of named persons and/or participants and/or myself be used in print or broadcast media as deemed appropriate for the promotion of IGM Gymnastics.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE** I confirm that the above named persons and/or participants are in good health and I have medical insurance and will provide coverage while named persons and/or participants are enrolled. I fully understand that IGM Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release IGM Gymnastics staff members to render temporary first aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by the IGM Gymnastics staff to seek medical help including calling of an ambulance for said named persons and/or participants should the IGM Gymnastics staff deem this to be necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participating at IGM Gymnastics.

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

## Authorized Pick Up

For the safety of each camper, IGM Gymnastics is authorized to release your child only to the individuals listed on this form. Each authorized person must be at least sixteen (16) years old and they **MUST** show photo ID at time of sign-out if they are not known to our staff members. Campers will **NOT** be permitted to leave the camp with anyone not listed. Please list yourself and any adult permitted to pick your child up from camp. A late fee of \$5 per participant for every 10 min. will be assessed for campers not picked up by the closing time *if you are not registered for late pick-up. \$20 for every ½ hour late.* Payment is due within 7 days of notification.

- **Please notify IGM Gymnastics staff when someone other than the parent/guardian will be picking your child up.**
- **A signed and dated statement must be delivered to the IGM Gymnastics to receive permission for any adult not listed below to retrieve your child.**

Thank you, your cooperation is appreciated.

### **The following adults are authorized to pick up my child :**

PARENT/GUARDIAN (1) \_\_\_\_\_

PARENT/GUARDIAN (2) \_\_\_\_\_

FULL NAME & relationship to child: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FULL NAME & relationship to child: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FULL NAME & relationship to child: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **The following adults are **NOT AUTHORIZED** to pick up my child :**

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

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