

KIPS Gymnastics, LLC
Saturday Camps
Registration/Waiver Form

Gymnast Details

Referred By Competitive TEAM Gymnast(Y/N)_____

Gymnast Name _____ Age _____ Birthdate _____ Sex _____
Last First Middle mm/dd/yy

Parent/Guardian Name _____

Street Address _____ City _____ State _____ ZIP _____

Parent/Guardian Home Phone (_____) _____

Parent/Guardian Cell Phone (_____) _____

Parent/Guardian Work Phone (_____) _____

Parent/Guardian Email _____ @ _____ .

Saturday Camp

11am-2pm - \$25

There must be at least 5 gymnasts to hold a session

Please use kipsgymnastics.net to register for the camps. It will not be on Jackrabbit. Or you can turn this paper in to the KIPS Office. Make sure to check the age requirements on each camp.

Registration Policy: Registration is on a first come, first served basis. KIPS reserves the right to refuse an application and/or dismiss, without refund, a gymnast at any time for reasons that in its sole discretion are in the best interest of the camp.

Medical & Insurance Terms: All gymnasts must be covered by their own medical insurance policy. Is your child covered by medical insurance ___ Yes/ ___ No Insurance Company _____. I authorize KIPS staff to obtain emergency medical treatment if the emergency contact or I cannot be reached. I understand that KIPS is not liable for any injuries that may be sustained during the camp.

Financial Terms: Payment must accompany this application. Payments must be received one week prior to the beginning of the camp to ensure t-shirt will be received on time.

Refund Policy: No refund will be made for a gymnast who withdraws any time after the week of the camp. There will be no reduction of fees for later arrival or early departure.

Required Signature (Unsigned Applications Will Be Returned)

I have read the policies and terms contained in regard to registration, payment and refund policy, and I understand and agree with them. I certify that all information given here and on subsequent required camper forms will be correct and accurate.

Parent / Guardian Signature _____ Date _____

KIPS Gymnastics, LLC • 463 W 2nd • Colville • WA 99114

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