

## **SUMMER** REGISTRATION & RELEASE WAIVER

Name of Student:	Birthday
Name of Parent / Legal Guardian:	
Address:	
Phone 1:	_ Phone 2:
Emergency Contact:	Phone:
Email:	
How did you hear about us?	
What weeks/days your child will atter	nd camp:
are risks inherent in rhythmic gymnastics to and/or legal guardians authorize their child lifeguards, and understand that there are ri that the Elegance Gymnastics staff will drive agrees to participate in activities of the Elegand hold harmless Elegance Gymnastics Scagainst any liability resulting from any injuractivities of the Elegance summer camp. The School, LLC for any damages incurred arisin participant.  Any comments/instructions/special medishould be attached to this form.  I HAVE CAREFULLY READ THE ABOVE	E LIABILITY RELEASE AND SIGN IT WITH FULL
KNOWLEDGE OF ITS CONTENT AND S	IGNIFICANCE.
Parent/Guardian signature: (if participant is under 18)	
Today's Date:	