

TAMPA BAY TURNERS TEAM CAMP

June 29 – July 2, 2017

- _____ Commuter Camp (L's 2-Elite) \$325.00
- _____ Commuter Camp with Sleepover \$350.00
- _____ Overnight Camp (L's 4-Elite) \$450.00

***FULL PAYMENT MUST BE RECEIVED BY APRIL 3, 2017**

Last Name: _____ First Name: _____

T-shirt Size: CM CL AS AM AL (circle one) Level in 2016/2017: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) _____ Contact Email: _____

Gym: _____ Coach: _____ Roommate Request: _____ *very important!*

Father: _____ Home Phone: (____) _____ WK Phone: (____) _____

Mother: _____ Home Phone: (____) _____ WK Phone: (____) _____

Another emergency contact: _____ Phone: (____) _____

**THE ENTIRE BOTTOM PORTION MUST BE COMPLETED
BEFORE REGISTRATION IS ALLOWED**

HEATH INFORMATION

Insurance Company _____ Policy Number _____

Medications camper will bring _____ Meds are for?: _____

Medical Problems _____ Known Allergies _____

Note: It is important, if any injury or illness occurs, that your health insurance policy number and name of the company is readily available to the camp director. Please send this information with your daughter's application form. Also, please send us a front and back photocopy of your insurance I.D. card to help us with the procession of insurance forms.

PHYSICIAN'S STATEMENT

I hereby certify that I have examined _____ and found her physically fit to attend and participate in the TAMPA BAY TURNERS SUMMER CAMP. I know of no impairment which would limit her participation in all activities.

Physician's Signature Date

(Copy of school physical completed within the last school year is acceptable in lieu of physician's signature)

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION

**Tampa Bay Turners
2301 26th St. N.
St. Petersburg, FL 33713
(727) 328-8500**

Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment

In consideration of being allowed to participate in this camp, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Tampa Bay Turners Inc., their officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the camp's activities. I am fully aware of risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE, or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my/my child's participation in the camp, WHETHER CAUSED BY NEGLIGENCE OF RELEASEE or otherwise.

During the period of camp, I hereby give permission for the staff of the Tampa Bay Turners Gymnastics Camp to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement/consent to Medical Treatment shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

Participant's Printed Name (If eighteen (18) years of age)	Signature	Date
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Parent's Printed Name	Signature	Date
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