



Camp Pricing
 5 Full Days: \$125.00
 4 Full Days: \$110.00
 3 Full Days: \$90
 Daily: \$35
Ext Hours: \$10.00/day

2020 Summer Camp Registration Form
Camp Hours: 9:00-4:00 PM
Extended Camp Hours: 8:00-6:00 PM

Child's Name: _____ Age _____ M/F _____ DOB _____
 Child's Name: _____ Age _____ M/F _____ DOB _____
 Child's Name: _____ Age _____ M/F _____ DOB _____
 List Allergies/Medical Conditions: _____
 Parent(s) Name: _____
 Street Address: _____ City: _____
 Zip: _____ Email: _____
BEST Contact Number: _____
 Emergency Contact & Number :

 Authorized to sign-out: _____

RELEASE AGREEMENT: STUDENTS ARE EXPECTED TO CARRY THEIR OWN ACCIDENT AND/OR MEDICAL INSURANCE. ANY ACTIVITY, SUCH AS GYMNASTICS, THAT INVOLVES MOTION AND/OR HEIGHT CREATES THE POSSIBILITY OF SERIOUS INJURY. ATHLETES, STUDENTS, AND PARENTS PARTICIPATING IN GYMNASTICS AND TUMBLING, SHOULD KNOW THEIR LIMITATIONS, UNDERSTAND WHAT IS EXPECTED OF THEM, APPRECIATE POSSIBLE RISKS, AND CONSULT THEIR INSTRUCTORS. I CERTIFY THAT, AS LEGAL PARENT/GUARDIAN, I DO CONSENT AND AGREE TO INDEMNIFY AND HOLD HARMLESS JACKSONS GYMNASTICS OF ORLANDO LLC., TO PROVIDE CUSTOMARY MEDICAL/ATHLETIC TRAINING ATTENTIONS AND EMERGENCY MEDICAL SERVICES AS WARRANTED IN THE COURSE OF MY CHILD'S PARTICIPATION IN JACKSONS GYMNASTICS OF ORLANDO LLC. I FURTHER AUTHORIZE TO EXECUTE THAT CONSENT REQUIRED IN CONNECTION WITH EMERGENCY MEDICAL SERVICES. I HEREBY RELEASE JACKSONS GYMNASTICS OF ORLANDO LLC., IT'S OFFICERS, EMPLOYEES AND AGENTS FROM AND AGREE TO INDEMNIFY THEM AGAINST ANY LIABILITY ARISING OUT OF THE EXERCISE OF THE AUTHORITY HERE GRANTED, EVEN IF THE INJURY IS CAUSED IN WHOLE OR IN PART BY THE ACTS, OMISSIONS OR NEGLIGENCE OF JACKSONS GYMNASTICS.

Camp Policies
MUST INITIAL
 _____ NO Refunds, Exchanges, or Credits will be given for missed camp days.
 _____ Camp payment is due in **full** on first day of camp
 _____ No electronics under any circumstances; unless medical reasonings
 _____ Covid-19 Waiver form must be signed and turned in with registration form.

SIGNATURE _____

DATE _____

PARENT/GUARDIAN OF STUDENT ACKNOWLEDGES THEY ARE SIGNING ON BEHALF OF THEIR MINOR CHILD, WITH FULL UNDERSTANDING OF THE RISKS INHERENT IN GYMNASTICS AND TUMBLING.



2020 Summer Camp Registration

1st Child Name _____ Age _____ M/F _____
 2nd Child Name _____ Age _____ M/F _____
 3rd Child Name _____ Age _____ M/F _____

Please circle which week(s)

Tuesday, May 26th	Full Day	Ext Day	Total: _____
Wednesday, May 27 th	Full Day	Ext Day	Total: _____
Thursday, May 28th	Full Day	Ext Day	Total: _____
Friday, May 29 th	Full Day	Ext Day	Total: _____
<i>Week 1 (June 1st-5th)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 2 (June 8th-12th)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 3 (June 15th-19th)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 4 (June 22nd-26th)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 5 (June 29th-July 3rd)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 6 (July 6th-10th)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 7 (July 13th-17th)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 8 (July 20th-24th)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 9 (July 27th-31st)</i>			
M T W R F	Full Day	Ext Day	Total: _____
<i>Week 10 (August 3rd-7th)</i>			
M T W R F	Full Day	Ext Day	Total: _____

Payment Option (Front Desk Only)

Check _____ Card _____ Cash _____ Zelle _____

COVID-19 RELEASE FORM

JACKSONS GYMNASTICS OF ORLANDO LLC 2020-2021

THE COVID-19 PANDEMIC AND ALL ASSOCIATED FEDERAL, STATE OR LOCAL DIRECTIVES AND GUIDELINES UNDERSCORE THE RISKS ASSOCIATED FOR PERSONS OUT IN PUBLIC. IT IS THE RESPONSIBILITY OF THE UNDERSIGNED TO BE AWARE OF SUCH DIRECTIVES AND HOW SUCH DIRECTIVES MAY AFFECT YOU AND YOUR FAMILY.

THE UNDERSIGNED UNDERSTANDS THE EXPOSURE TO THE DISEASE CAUSING ORGANISMS AND OBJECTS, SUCH AS COVID-19, AND PERSONAL CONTACT WITH OTHERS, INCLUDING BUT NOT LIMITED TO JACKSONS GYMNASTICS/JACKSONS GYMNASTICS EMPLOYEES, PARTICIPANTS, AND OTHERS ASSOCIATED WITH OUR PROGRAMMING AND DAILY BUSINESS, INVOLVES A CERTAIN DEGREE OF RISK THAT COULD RESULT IN ILLNESS, DISABILITY, OR DEATH. THE UNDERSIGNED ACKNOWLEDGES THAT IT IS IMPOSSIBLE TO SCREEN AND/OR MONITOR ALL SUCH INDIVIDUALS. FURTHERMORE, THE UNDERSIGNED SHOULD SEEK THE ADVICE OF AN ATTORNEY ON ANY LEGAL QUESTION CONCERNING COVID-19 AND ASSOCIATED LIABILITY, OR ANY OTHER MATTERS OF CONCERN.

AFTER CAREFULLY CONSIDERING ALL THE POTENTIAL RISKS INVOLVED, I HEREBY RELEASE JACKSONS GYMNASTICS AND ITS' EMPLOYEES AND VOLUNTEERS AND AGREE TO INDEMNIFY AND HOLD HARMLESS JACKSONS GYMNASTICS OF ORLANDO LLC/ ITS' EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL LIABILITY DUE TO COVID -19 FURTHERMORE, I, THE UNDERSIGNED, WAIVE ANY AND ALL CLAIMS FOR INJURY, LOSS OR DAMAGE, INCLUDING ATTORNEY'S FEES, DUE TO COVID-19, THAT ARE CONNECTED WITH MY PARTICIPATION IN THE ACTIVITIES WITHIN THE FACILITY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN ACKNOWLEDGES THEY ARE SIGNING ON BEHALF OF THEIR MINOR CHILD, WITH THE FULL UNDERSTANDING OF THE ABOVE STATED RISKS.

_____ I understand that my child(ren) will NOT be allowed to attend if they have had a cough, a fever, and or fatigue within the last 14 days. If a child shows any symptoms, you will be asked to take that child home until symptoms are gone.