

Summer Camp Registration  
Brooklyn Gymnastics & Cheer, LLC, 221 Douglas Drive, Brooklyn, WI 53521  
Phone (608) 455-3333 Fax (608) 862-3687 bgcgym.com info@bgcgym.com

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Week(s) you will attend camp \_\_\_\_\_

Before Care needed on: Mon.  Tues.  Wed.  Thurs.  Fri.

After Care Needed on: Mon.  Tues.  Wed.  Thurs.  Fri.

Payment Received \_\_\_\_\_

Medical Information

Last Name \_\_\_\_\_

List any physical disabilities, chronic ailments, psychological disabilities and allergies, including FOOD allergies for each child

\_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Person to call in an emergency in the event parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Release

**I have read and understand BGC's Membership Policies.**

**Liability Waiver and Indemnity Agreement:** As a parent or guardian of a participant in activities offered by Brooklyn Gymnastics & Cheer, LLC, I am fully aware of and appreciate the risks associated with participation in gymnastics and cheerleading activities and events. As conditions of the participation of the student(s) described above ('my child') in any of the programs conducted by Brooklyn Gymnastics & Cheer, LLC ('BGC') including but not limited to tumbling, gymnastics, and cheerleading. I agree to the following: I waive any claim for bodily injury, personal injury, or property damage against BGC, its directors, employees, and owners or lessors of the premises and any equipment used in connection with any programs of BGC, arising out of our child's participation in any of the programs of BGC whether on or off BGC Gymnastics premises, or travel for the purpose of participating in any such programs or events. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member. This agreement shall remain in effect as long as and whenever our child participates in any activity related to BGC. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member we further agree to indemnify BGC for its liability including all costs, fees, and expenses incurred in connection with such liability.

**Photo Release:** I authorize Brooklyn Gymnastics & Cheer, LLC to use my or my child's photos, video, or audio for any advertising, decorative, or promotional purpose.

**Authorization of Medical Care:** In case of illness or injury, I accept full responsibility for any and all associated medical costs and expenses.

**Acceptance of Rules and Policies:** I have read and understand BGC rules and policies and agree to abide by them through the course of my and my family's involvement with the program.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_