

ELITE STARS Camp

REGISTRATION FORM

Gymnasts' Name			
Street Address			
City/State/Zip	City	State	Zip
Cell Phone Number			
Phone Number			
Email Address			
Age			
Shirt Size			
Parent's Name			
Emergency Contact	Name	Number	
Emergency Contact	Name	Number	
Insurance Company			
Group & Policy #			
Medications			
Allergies			
Diet Restrictions			
Special Instructions			
Assistance Required			
Can Gymnast Swim?	Yes or No		

I am participating in the ELITE Stars Camp at Gymkhana Gymnastics, Academy of Athletic Advancement & Hoffman Estates Ice Arena of my own free will and in no way is the Gymkhana Gymnastics/Hoffman Estates Ice Arena and/or ELITE Stars and its coaching staff responsible for injury or loss of items. ELITE Stars Camp is a separate entity from Gymkhana/Hoffman Estates Ice Arena and holds its own insurance.

APPEARANCE RELEASE: I hereby consent and agree that my child's name, face, image, and likeness, as shown in photographs, videos, and electronic media, may be taken and may be used in any form by ELITE STARS for lawful promotional and advertising purposes, free and clear of any claim on my part.

CONSENT & INSURANCE & WAIVER & INDEMNITY & EMERGENCY & PAYMENT

As Parent/Guardian of the above-identified athlete, or as the athlete myself, I hereby consent to the athlete's participation in the ELITE STARS program. I am fully aware of the risks and hazards associated with the sports chosen, including the risk that the athlete may suffer catastrophic injury, paralysis, or even death, and I voluntarily assume all such risks. I confirm that the athlete is covered by proper Health, Medical, and/or Accident insurance, which I consider adequate for both the athlete's protection and my own protection. In consideration of the athlete being allowed to participate in the ELITE STARS program(s), I, intending to be legally bound, on behalf of myself, the athlete, the athlete's other parent(s)/guardian(s), and our successors and assigns (collectively "my family"), hereby waive and release any and all right and/or claim for damages which my family may have against ELITE STARS program(s) and facilities (Gymkhana, Hoffman Estates Park District, Academy of Athletic Advancement and additional sites as used by the program) or its officers, directors, employees, volunteers, and agents, for any and all losses, injuries, and/or damages that may be sustained and/or suffered by my family in connection with our association with the ELITE STARS program. I give permission to transport for training and events. I further agree, on behalf of my family, to defend, indemnify, and hold ELITE STARS harmless from and against all claims, liabilities, costs, and expenses (including attorney's fees) for such losses, injuries, and/or damages. I hereby give my permission for Emergency Medical Treatment of the athlete by a qualified and licensed Medical Doctor if, after a reasonable effort has been made, I cannot first be contacted. I agree to comply with the ELITE STARS Payment Policy and the other policies and procedures as endorsed by the ELITE STARS.

Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

*Please make checks (\$475 fee) out to "Pat D'Avolio"

C/O Pat D'Avolio
1331 Colwyn Drive
Schaumburg, IL 60194

Office use only:
Check/ #cash _____
Payment Amt _____
Payment Date _____