



Summer Camp4Kids

2026-2027 REGISTRATION FORM

Date Received: _____
 by: _____

Student Name: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____
Elementary School: _____	
Address: _____ City _____	
State: _____ Zip Code _____	
Phone Number: _____	
Email: _____	

PARENT/FAMILY OCCUPATIONS & PLACE OF BUSINESS:

Guardian: _____	Guardian: _____
ADDRESS: _____	ADDRESS: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
WORK: (____) _____ CELL: (____) _____	WORK: (____) _____ CELL: (____) _____
EMAIL: _____	EMAIL: _____

ADDITIONAL PARENTAL INFORMATION (IF REQUIRED)

Guardian: _____	Guardian: _____
ADDRESS: _____	ADDRESS: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
WORK: (____) _____ CELL: (____) _____	WORK: (____) _____ CELL: (____) _____
EMAIL: _____	EMAIL: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship: _____ Phone: (____) _____

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Emergency Contact Name: _____ Relationship: _____ Phone: (____) _____

AUTHORIZATION FOR PICK-UP (ID REQUIRED) – MUST SHOW A VALID PICTURE ID

1. NAME: _____ RELATIONSHIP: _____ PHONE# (____) _____
2. NAME: _____ RELATIONSHIP: _____ PHONE# (____) _____
3. NAME: _____ RELATIONSHIP: _____ PHONE# (____) _____

SHARE INFORMATION WITH: _____

The following people **CANNOT** or **DO NOT** have permission to pick up from after school program:

NOT AUTHORIZED _____

NOT AUTHORIZED _____

Parent(s) Signature _____ Date: _____

STUDENT HEALTH INFORMATION

Please list health problems:

Please list physical limitations _____

Please list allergies (including food): _____

Please list regular medications: _____

Family Physician: _____ Phone: (____) _____

Family Dentist: _____ Phone: (____) _____

Please Check One: **Health Insurance** **Medicaid/Welfare** **No Insurance**

Health Insurance: _____ Phone: (____) _____ Group No _____

In case of injury or sickness, I give permission for my child, _____, to have emergency medical or dental treatment, including transportation to a medical facility. I also assume 100% responsibility for payment of any such treatment.

Do any of the students or family members participating in Gym Magic's activities have physical or mental limitations requiring special consideration? ____ Yes ____ No --- If YES (which child), please explain _____

Parent or Legal Guardian's Signature _____ Date: ____/____/____

Audio and Image Consent

By attending camps, I am granting my permission for me and my child to be filmed, audio taped or photographed by any means and are granting full use of our likeness, voice, and words without compensation.

Parent or Legal Guardian's Signature _____ Date: ____/____/____

Gym Magic Inc. General Waiver

Assumption of Risk, Waiver of Liability, & Medical Authorization

Adult or Guardian Participant

1st Adult: _____
Phone: _____ Email: _____

2nd Adult: _____
Phone: _____ Email: _____

3rd Adult: _____
Phone: _____ Email: _____

Children Associated with Waiver

1st Child: _____
Age: _____ D.O.B.: _____

2nd Child: _____
Age: _____ D.O.B.: _____

3rd Child: _____
Age: _____ D.O.B.: _____

As the legal guardian of _____, _____, _____ or as an adult participant _____, _____, _____ I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to all of Gym Magic Inc. programs. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps/preschool involves transportation to and from various field trips and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Gym Magic Inc. programs, camps and activities and **I ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child or myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE Gym Magic, Inc.**, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child or myself while under the instruction, supervision, or control of Gym Magic Inc., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above-mentioned child or myself to be taken to a hospital for medical treatment and I hold Gym Magic Inc., and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for 100 % of future medical expenses, which may be incurred by my child or myself as a result of any injury sustained while participating at or for Gym Magic Inc.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and **I VOLUNTARILY** affix my name in agreement. I further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility.

By my attendance in any activities and/or events, I am granting my permission for my child and myself to be filmed, audio taped, or photographed by any means and am granting full use of our likeness, voice, and words without compensation.

Please read and Initial below:

- _____ 1. Anyone entering the gym **MUST** have a signed waiver on file.
- _____ 2. There are no foods or drinks allowed in the gym area except for bottled water.
- _____ 3. Please be aware that most surfaces in the gym area are not solid. They are padded, bouncy, cushy, and movable. Move through the gym carefully due to uneven surfaces.
- _____ 4. No shoes on trampoline or tumble track.
- _____ 5. Be aware of others in the gym. "SAFETY FIRST"
- _____ 6. Insurance prohibits anyone but GYM MAGIC STAFF to spot in our gym.

Parent, Legal Guardian and or Participant signature

Print: _____

Sign: _____ **Date:** _____