

**Cost: \$100 Cash/Check ONLY**

**Registration due: May 1**

# **Preschool Gymnastics Camp 2026**



**Preschool Gymnastics Camp (Circle one):**

**July 15**

**July 22**

**Participant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Current Class/Level:** \_\_\_\_\_ **T-Shirt Size (Circle one):**  CS  CM  CL  AXS  AS

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

### **Liability Waiver and Indemnity Agreement:**

As conditions of the participation of the student described above ("my child") in any of the programs conducted by Ultimate Fusion Greenville including but not limited to tumbling, gymnastics, and cheerleading, whether conducted on or off the premises of Ultimate Fusion Greenville, I agree to the following: I waive any claim for bodily injury, personal injury or property damage against Ultimate Fusion Greenville, its directors, employees, agents and insurers, and any owners or lessors of the premises and any equipment used in connection with any programs of Ultimate Fusion Greenville, arising out of my child's participation in any of the programs of Ultimate Fusion Greenville whether on or off 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, any other family member, or myself. This agreement shall remain in effect as long as and wherever my child participates in any activity at or with Ultimate Fusion Greenville. If this agreement is not effective to waive liability on behalf of my child, any other family member, or myself, we further agree to indemnify Ultimate Fusion Greenville for its liability including all costs, fees, and expenses incurred by Ultimate Fusion Greenville in connection with such liability.

### **Withdrawal from Camp/Clinic Policy:**

Ultimate Fusion Greenville does not issue refunds for cancellation, illness, vacation, no-show, or any other reason. You may withdraw from a Camp and/or Clinic up to two (2) days prior to the first day of the Camp and/or Clinic and receive a credit to your account. Regardless of duration, Camp and/or Clinic days attended or unattended, Ultimate Fusion Greenville does not issue refunds. Parents wishing to withdraw their student from a Camp and/or Clinic must provide a written notification (via email) to [ultimatefusiongreenville@yahoo.com](mailto:ultimatefusiongreenville@yahoo.com) at least two (2) days prior to the first day of the Camp and/or Clinic. For the purpose of determining a credit, a student shall be deemed to have withdrawn from a Camp and/or Clinic when the parent/guardian notifies Ultimate Fusion Greenville of the student's withdrawal. Failure to comply with the withdrawal policy will result in the full amount owed. No exceptions. Credits are non-transferable.

**Authorization of Medical Care:** In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

### **Medical History:**

**Please circle any conditions your child has or has had (if none please write "none"):**

Diabetes  Heart Disease  Kidney Disease  Asthma  Hemophilia/Bleeding Disease

Nervous/Mental Disorders  Hypertension  Epilepsy/Seizure  Mitral Valve Prolapse  Hepatitis/Liver Disease

HIV/AIDS  Fainting  Respiratory Disease

Please, provide any details if any of the above conditions are circled: \_\_\_\_\_

List any operations, illnesses or injuries your child has had in the past year: \_\_\_\_\_

List any limitations: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any medications your child is currently taking: \_\_\_\_\_

**All campers must be covered by their own medical insurance. Please provide your current insurance information.**

**Family Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_ **Subscriber:** \_\_\_\_\_

**Plan ID #:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_ **Nationwide 800 #:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_