

**Camp Cost**

**GFGA Team Athlete: \$250.00**

**Non GFGA Team Athlete: \$300.00**

**Camp Registration/Waiver Form**

**Ray Corn's Camp of Champions Tour**

Please check below the level your gymnast competed in the previous competition season.

Xcel B \_\_\_ Xcel S \_\_\_ Xcel G \_\_\_ Level 2 \_\_\_ Level 3 \_\_\_ Level 4 \_\_\_ Level 5 \_\_\_

Level 6 \_\_\_ Level 7 \_\_\_ Level 8 \_\_\_ Level 9 \_\_\_ Level 10 \_\_\_

Gymnast's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions or concerns we should be aware of regarding your child:

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company (**required**): \_\_\_\_\_

Policy # (**required**): \_\_\_\_\_

Date: \_\_\_\_\_

X \_\_\_ GFGA may use my Credit Card on file for \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_ CC \_\_\_ PIF emp \_\_\_

## Camp of Champions

### Media Release Form

Signing this document states my permission in allowing any and all media materials collected during camp: videos, photographs, and statements to be used in the promotion of the Camp of Champions Tour. I will allow my child's photographs, videos, and/or statements during the camp to be posted to any and all Camp of Champions media pages in accordance solely to promoting The Camp of Champions Tour and not for any type of profit. I am aware and consent to allowing these media materials to be posted to the Camp of Champions website: [www.cornagymnasticscamps.weebly.com](http://www.cornagymnasticscamps.weebly.com) to the Facebook page: **Ray Corn Gymnastics Camps**, and in any other promoting materials including: **brochures, pamphlets, and flyers.**

**Club/Program Name:** \_\_\_\_\_

**Gymnast:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Other Siblings:** \_\_\_\_\_

### Insurance Policy & Waiver

I am aware that in gymnastics, as in any sport involving height and motion, the possibility of serious injury and/or paralysis or even death is present. Knowingly and in consideration of my signed release allowing my child to participate in Ray's Camp of Champions Tour camp, I, Intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against Ray Corn, and Altius Gymnastics Academy, and any/all of their agents and employees, for any/all damages which may be sustained or suffered by me or my child in connection with my association with or participation in the Camp of Champions Camp, or riding/traveling to and from the respective gymnastics camp site. In the event of injury/accident/sickness Ray Corn's Gymnastics camp staff is to contact the designated adult listed as the emergency contact on the following page.

I am also fully aware that insurance will not be provided for my child through any entity during the Camp of Champions Tour. I understand that I am responsible for insurance coverage for my child during his/her participation in the camp. **Insurance company and policy number on following page is required for participation in the camp!**

In the event of injury or accident or sickness requiring immediate treatment, I request that every effort be made to contact me directly. If I cannot be reached, I authorize Ray Corn's Camp of Champions Staff to make appropriate arrangements for treatment of my child.

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

**Signed this date:** \_\_\_\_\_