



CHOW'S GYMNASTICS & DANCE INSTITUTE | U.S. NATIONAL TEAM TRAINING CENTER
 2218 CHOW'S OLYMPIC AVE, WEST DES MOINES, IA 50265-5767
 PHONE: (515) 327-2558 | chowsgymcamp@gmail.com

2020

- ONLY CHECK OR MONEY ORDER PAYABLE TO CHOW'S GYMNASTICS ACCEPTED.
- REGISTRATON ACCEPTED ON FIRST COME, FIRST SERVE WHEN PAID-IN-FULL. WE DO HAVE A MAX NUMBER OF CAMPERS.
- CAMP PROVIDES 4 DAYS OF TRAINING; NO MAKE-UP CLASSES OR REFUNDS WILL BE PROVIDED FOR MISSED WORKOUTS.
- EVERYONE WILL RECEIVE A TSHIRT, PLEASE WRITE THE FOLLOWING SIZES IN THE BOX; **YS, YM, YL, AS, AM OR AL.**

CAMP REGISTRATION [PLEASE SELECT APPLICABLE BOXES]

	<input type="checkbox"/> I AM ATTENDING HIGH PERFORMANCE CAMP 02> AUGUST 14-17 2020 Levels 7-Elite & Xcel Platinum, Diamond Ages 9 & Older
<input type="checkbox"/> I AM A GYMNAST Gymnast Cost: \$550.00 paid by 7/10/2020 ***SUBMIT FULL PAYMENT AS QUICKLY AS POSSIBLE; THOSE PAID-IN-FULL WILL SECURE A SPOT UNTIL WE REACH THE MAX*** [CHECK/MONEY ORDER PAYABLE TO CHOW'S GYMNASTICS]	<input type="checkbox"/> I AM A COACH <input type="checkbox"/> Visiting Coach with no girls at camp: \$300.00 paid by 7/10/2020 <input type="checkbox"/> Coach with 1-3 girls at camp: \$150.00 paid by 7/10/2020 <input type="checkbox"/> Coach with 4 or more girls at camp: No Charge [CHECK/MONEY ORDER PAYABLE TO CHOW'S GYMNASTICS]

PARTICIPANT INFORMATION

Name:		T-shirt Size:	
Level Competed at State Competition Last Season:		Date of birth:	Age:
Home Gym Name:		Coach's Name:	
Allergies/Special Needs:			
E-mail Address:		Mobile Phone:	

PARENT(S) INFORMATION

Parent(s) Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Alt. Phone:	Mobile Phone:
E-mail Address:		

EMERGENCY CONTACT [Other Than Parent(s) Listed Above]

Name:		
Phone:	Alt. Phone:	Mobile Phone:
Relationship:		

INSURANCE INFORMATION [Please attach a photocopy of your insurance card with this registration form.]

Name of Insurance Provider:	Policy #:
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PLEASE MAIL CHECK OR MONEY ORDER PAYABLE TO CHOW'S GYMNASTICS, COMPLETED REGISTRATION FORM, AND A COPY OF INSURANCE CARD.

Chow's Gymnastics & Dance Institute

LIABILITY WAIVER

Parents' Names: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

As legal guardians of _____, I hereby consent to the aforementioned person participating in the Chow's Gymnastics & Dance Institute programs ("Chow's Programs"). I recognize that potentially severe injuries, permanent paralysis or death can occur in any activity involving height or motion, including gymnastics, dance, aerobics, martial arts, cheerleading and any related activities, including tumbling and trampoline.

As legal guardian of the aforementioned person, I hereby agree to individually be responsible for any injuries sustained and assume full responsibility for any and all medical expenses, which may be incurred by my child as a result of any injury sustained before, during or after my child's participation in or while participating for Chow's Programs.

I hereby fully and forever release, hold harmless and discharge Chow's Gymnastics & Dance Institute, its owners, directors, officers, employees, teachers, coaches, staff and the facility owners from any and all claims, demands, damages or causes of action, present or future, whether the same be known, anticipated or unanticipated, including any claims of negligent training, resulting from or arising out of my child's involvement in Chow's Programs. I further agree to indemnify the released parties against the costs of any legal action, brought by or on behalf of my participating child, including attorney fees to defend such action.

I agree that I will abide by all rules and policies, regulations and conditions, as described by Chow's Gymnastics & Dance Institute.

CONSENT TO PHOTOGRAPH AND MEDIA RELEASE:

I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at Chow's Programs or at a function sanctioned by Chow's Programs. I hereby grant permission to Chow's Programs to use my child's photograph or likeness in any publicity or promotional publications (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

I have read and understand this "Liability Waiver" and "Consent to Photograph and Media Release" and I voluntarily affix my name in agreement.

Participant's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

OBSERVATION AGREEMENT

I understand that persons 18 years of age or older are NOT covered by any insurance held by the Chow's Gymnastics & Dance Institute. I agree to be totally financially responsible for all medical expenses arising out of my participation of observation in any program offered by Chow's Programs. As a consideration of my participation in Chow's Gymnastics & Dance Institute I agree to carry adequate medical insurance.

Parent's Signature: _____ Date: _____