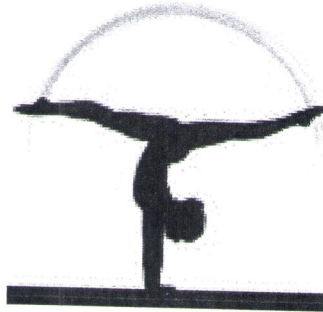


# WCHS Gymnastics Team

## Summer Gymnastics Camp



When: June 25-28

Where: WYB Gymnastics

Time: 9am-noon

Cost: \$100 Includes instruction on vault, bars, beam, floor and trampoline, and camp T-shirt. Checks payable to WCABC-Gymnastics. For questions or registration, call 614-264-8282 or email [Shazy1326@gmail.com](mailto:Shazy1326@gmail.com)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Fall 2018: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Alt. Phone no. \_\_\_\_\_

Email address: \_\_\_\_\_

### Emergency and waiver of Liability

I, the undersigned, for ourselves, our heirs, executors and administrators, waive and forever discharge, Westerville Central High School and WYB Gymnastics and staff from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities, whether or not the damages, injury or loss is due to negligence or any other reason. I understand that gymnastics is an active and physical sport and that injuries can take place during practice. I certify and agree to the information and elements of this agreement that my child is physically fit and mentally capable of participation in gymnastics. In the event of accident, injury or illness, I hereby give permission for the staff of the camp to seek appropriate medical attention for my child during the period of the camp. I will be responsible for all costs of medical attention and treatment. Camp staff will attempt to contact parents/guardians by telephone at the first opportunity in the event of an accident.

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