



2023 Spring Camp Registration & Waiver Form

6045 Victory Ln SW, Concord, NC 28027
www.axcelerategymnastics.com

Student's Name _____ DOB _____ Age _____ M/F _____

Mother's Name _____ Father's Name _____

Address _____ City _____

State _____ Zip _____ Primary Email _____

Secondary Email _____ Phone: Home _____

Mom's Cell _____ Dad's Cell _____ Emergency # _____

Emergency Contact Name _____ Relationship _____

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

The undersigned recognizes, acknowledges, appreciates, and agrees that gymnastics is a dangerous sport, and that any activity involving height and/or motion can cause minor to severe injuries. And thus, the participation in such programs and activities involves a risk of injuries, including serious or catastrophic in nature. All coaches and staff members at Axcelerate Gymnastics Academy, LLC (AGA) take every precaution to ensure the safety of each athlete and student. While safety is our number one priority, athletes and students may suffer injuries, possibly minor or serious. With this in mind and being fully aware of the risks and possibility of injury involved, the undersigned consents to have the child/children listed above, participate in the programs offered by AGA. I further agree that I and/or my child/children have adequate medical and health insurance to be enrolled in activities offered by AGA. The undersigned also acknowledges, appreciates, and agrees that participation in such AGA programs and activities includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation and/or the participation of my child/children. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation and/or that of my child/children, I will remove myself and/or my child/children and bring such to the attention of the nearest staff or coach immediately.

In the unlikely event of an injury or exposure to an illness from an infectious disease, I, for myself and on behalf of my heirs, assigns, executors, or other representatives, hereby waive any right I may have to sue, and agree to release Axcelerate gymnastics academy, LLC, their owners, officers, officials, agents, representatives and/or employees and other participants, whether paid or volunteer ("Releasees"), from any liability in connection with any such injury or illness, whether arising from the negligence of Releasees or otherwise. I hereby agree to indemnify and hold the Releasees harmless from and against any and all losses that the Releasees may suffer or incur with respect to or arising out of any demand, claim, inquiry, investigation, proceeding or any other action that I may have or bring against Axcelerate Gymnastics Academy, LLC for any injury, illness, disability, death, or loss or damage to person or property, whether arising from the negligence of Releasees or otherwise, to the fullest extent permitted by law. In addition, the Releasees are not liable for injuries sustained by athletes, students or spectators during the course of or in the transportation to or from any programs including classes, exhibitions, competitions or clinics.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date: _____

Signature: _____

Name of Athlete or Parent/Guardian: _____

Camp Policies

Payment Policy

Camp fees are due in full at the time of registration. A \$50 non-refundable deposit will be required to secure a spot at the camp. Discount given due to multiple weeks of camp will be added back to the camper's account if camper does not participate in the camp for the number of weeks required for the discount. I understand and agree that all campers will need to have a credit card on file to secure payment of camp fees. I further understand and agree that unpaid camp fees will be sent for collection, and that I will be responsible for the payment of any collection/legal fees.

Absences/Withdrawals

I understand that I will be required to pay the full amount of camp fees for the corresponding week(s) in the event of absence or withdrawal from the camp unless I have notified the gym in writing at least 7 days prior to the beginning of the week for such camp week. I recognize that verbal notice will not be sufficient, and that if prior notice is not given to the gym, the gym will charge my credit card the full amount of my child(ren) camp fees for the corresponding week(s).

Drop, Date Change & Make Up Policy

No refunds will be given for drop-offs during a camp week. Also, no refunds will be given for days missed. Make-up classes for days missed must be scheduled during the same week (if registered for the daily option). Date changes for camp weeks are allowed provided you have notified the gym in writing at least 7 days prior to the beginning of the week for the camp week you would like to reschedule.

Illness

I acknowledge that it is my responsibility as the parent or caregiver to make sure I am not bringing any person (myself, my child/children, siblings) into AGA's facility with any symptoms of illness. Anyone entering our facility MUST be symptom free for a minimum of 72 hours. I understand that if any AGA staff member feels that any customer is showing signs of illness, they will be asked to leave the building immediately. No refunds will be given for camp days missed due to illness; please contact the gym as soon as possible to schedule a make-up day (if registered for the daily option), or to reschedule a week.

Sanitation

AGA is committed to cleaning and sanitizing our facility and equipment throughout the day to provide the most sanitary environment possible for our customers. However, the athletes will be touching equipment while moving between stations one after the other without the equipment being sanitized between athletes. Gym will make its best effort to keep equipment clean according to each equipment cleaning protocol. I understand that the AGA will have hand sanitizer available for athlete/parents use but will not require its use. I also understand that the Gym might require masks from time to time according to state and federal mandates and guidelines, and I hereby agree to comply with any such requirement.

Water Fountains & Water Bottles

For the safety of everyone, the water fountain is currently closed. All athletes should bring a water bottle marked with his/her name. I understand that ANY water bottle left in our facility at the end of each day will be discarded. Water will be available at the gym for purchase.

Medical Emergencies

I hereby give my permission for AGA coaches, staff and/or any appropriate medical facility to take whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of me or my child/children while under the supervision of AGA. In case of an emergency, I understand that I or my child/children will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, AGA's staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.

Gym Environment

We are committed to providing a safe, caring, and inclusive environment, which promotes respect, self-esteem, cooperation, personal growth and a positive attitude to learning. We take bullying and harassment very seriously as a school, across the whole community, and will not tolerate bullying or harassment in any form. We reserve the right to remove from our programs/facilities any athlete/parent engaging in any form of bullying/harassing behavior.

Photo & Media Release

I understand that my or my child's/children's photograph or video may be taken during class participation. I hereby grant permission to AGA to use my or my child's/children's photograph or video in any social media or promotional publication, such as website, social media, bulletin boards, newsletters, programs or brochures, etc.

I have read and agree to all of the information listed above.

Date: _____

Signature: _____

Name of Athlete _____

Name of Parent/Guardian: _____

Credit Card Authorization Form

Please complete all fields.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Other _____
Cardholder Name (as shown on the card):	
Card Number:	
Expiration Date: (mm/yy):	Security Code:
Billing Address:	
Automatic Payments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, _____, authorize AXCELERATE GYMNASTICS ACADEMY to charge the above credit card for the agreed upon camp fees when these are incurred. I understand and agree that my credit card information will be copied/saved to file for future transactions on my account. I further understand and agree that AXCELERATE GYMNASTICS ACADEMY will, and I hereby authorize it to, charge the above credit card in the event of my failure to pay any amount due, including any late fees that might be assessed in connection thereto. I also understand that it is my responsibility to keep the credit card information up to date, and that rejected transactions due to expired card, account closed, or insufficient funds might generate a service fee. I further agree that this authorization to charge my card will extend to any credit card provided to the gym in connection with the athlete below, as it may be added, updated or changed from time to time, whether or not a separate credit card authorization is executed. I also understand and agree that in the event that any charge for unpaid camp fees is not authorized by the bank and the fees are not otherwise paid, my account will be sent for collection, and that I will be responsible for the payment of any collection/legal fees.

Customer Signature

Date: _____