

**WAIVER OF LIABILITY**

As a condition of Aberdeen Gymnastics Association (AGA) accepting my child

\_\_\_\_\_ into participation in the AGA Summer Camp and related activities, it is necessary that my child and I take full responsibility for any temporary or permanent injuries, paralysis, or death suffered in the course of my child's participation. I acknowledge and agree that activities of this nature involve inherent risk of damage and hereby assume and accept all risk of damage to my child. With this Waiver and Release, AGA and its employees, agents, officers, directors and volunteers are hereby released and forever discharged from any and all losses, liabilities, costs and expenses incurred in connection with any type of damage arising from my child's participation. With my signature I am representing and warranting that my child does not have any condition, disease, or injury that would increase the likelihood or severity of any injury; that my child is covered with health and accident insurance in sufficient amounts to cover any injury; and that I am the parent/legal guardian of child. I understand that it is my responsibility to warn my child about the dangers of the activities and possible injuries. I authorize AGA, its employees, agents, and volunteers to render first aid measures as judged necessary for the care and protection of my child, and if deemed necessary to provide transportation to a medical facility or call and ambulance at my expense.

State whether or not your child is taking or is required to take any medication. List condition, type of medication and medical instructions to be followed:

\_\_\_\_\_  
\_\_\_\_\_ State

whether or not your child is allergic to any medication or food or other allergies:

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

Health Insurance Company

Parent/Guardian Signature

Date

1629 S Melgaard Road  
Aberdeen, SD 57401  
[www.aberdeengymnastics.com](http://www.aberdeengymnastics.com)

**2011  
AGA  
SUMMER  
CAMP  
JUNE 21-23, 2011**



**GYMNASTICS FACILITY  
2200 S ROOSEVELT  
ABERDEEN, SD 57401**

[WWW.ABERDEENGYMNASTICS.COM](http://WWW.ABERDEENGYMNASTICS.COM)

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**ABERDEEN GYMNASTICS  
ASSOCIATION  
SUMMER CAMP**

**JUNE 21-23<sup>rd</sup>**

**Camp open to girls  
ages 7-18**

**\$100 for 2 days and  
\$140 for 3 days!**

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We ask that your child have some previous gymnastics experience. If they struggle during the normal time frame of AGA practice with attention, then we ask that they wait till next year when they are more ready. Please only bring what is needed to the gym.

Locker rooms are available.

Come join the fun and learning with the staff from AGA Gymnastics along with featured coach **Jon Janzen**, Asst. Women's Gymnastics Coach at Gustavus Adolphus College in MN.

**Schedule of Events:**

**TUESDAY**

8:30-9:00---- Registration

9:00-12:00---- Training

12:00-1:30---- Dinner on own

1:30-4:30---- Training

**WEDNESDAY**

9:00-12:00-----Training

12:00-1:30----- Lunch on own

1:30-4:30-----Training

4:30-5-----Parent Show & Tell

**THURSDAY**

Training for JV-V level only!

9:00-12:00---- Training

12:00-1:30---- Lunch on own

1:30-3:30---- Training

The camp is limited in size so send in your registration form and fees now!

**Please send to:  
1629 S Melgaard Road  
Aberdeen, SD 57401**

**REGISTRATION DUE DATE:  
JUNE 10<sup>th</sup>, 2011!**

**\$50 deposit is required with registration!**

Fees are non-refundable. Amount due upon arrival at camp if it is not mailed in.

Fee includes various snacks each day.

**SUMMER GYMNASTICS  
CAMP REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Tel. # \_\_\_\_\_

Age \_\_\_\_\_

**GYMNASTICS EXPERIENCE:**

Recreational: Beginner Inter. Adv.

High School: MS JV Varsity

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

Emergency Contact # \_\_\_\_\_

Parents and Gymnasts---- Please complete both sides of this form and send this section to AGA (**see address on inside**) with full payment and/or a \$50 deposit-

**Make checks payable to AGA.**