

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

2010

AGA

SUMMER

CAMP

JUNE 15-17, 2010



**2200 S ROOSEVELT
ABERDEEN, SD 57401**

WWW.ABERDEENGYMNASTICS.COM

**PO BOX 1861
Aberdeen, SD 57401
www.aberdeengymnastics.com**

**ABERDEEN GYMNASTICS
ASSOCIATION
SUMMER CAMP**

JUNE 15, 16, 17th

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

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

Day 3 for JV/Varsity Level Only

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 – ALL CAMPERS

12:30-1:00--- Registration

1:00-4:30--- Training

4:30-5:30--- Dinner on own

5:30-8:00--- Training

WEDNESDAY – ALL CAMPERS

9:00-12:30-----Training

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

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

4:30-5:00---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 AGA PO Box 1861
Aberdeen, SD 57401. Included in the fee is various snacks.

REGISTRATION DUE DATE:

JUNE 7th, 2010

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

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

www.aberdeengymnastics.com

**SUMMER GYMNASTICS
CAMP REGISTRATION FORM**

**Tuesday June 15th -
Thursday June 17th**

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 with \$50 deposit-

Make checks payable to AGA.