

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

**AGA
SUMMER
CLINIC**

HOST: AUDRA REW
MITCHELL HS COACH

JULY 8-9TH, 2011



**1629 S Melgaard Road
Aberdeen, SD 57401
www.aberdeengymnastics.com**

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

**ABERDEEN GYMNASTICS
ASSOCIATION
SUMMER CLINIC**

JULY 8-9th

Group 1: Age 7- MS Level

Group 2: JV and Varsity Level

Group 1- \$30

Group 2- \$50

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 **Audra Rew**, Head Mitchell High School Gymnastics Coach and MEGA Club coach.

FEATURED 5TH EVENT!

INFLATABLE TUMBLING!
COME EXPERIENCE THIS
FUN TRAINING TOOL!



Schedule of Events:

FRIDAY

9:00-11:00---- Group 1

12:00-4:00---- Group 2

4:00-5:00 ----- Supper on own

5:00-8:00 ----- Group 2

SATURDAY

9:00-12:00-----Group 1

1:00- 5:00-----Group 2

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

**Entire fee is required with
registration!**

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

**AUDRA REW SUMMER CLINIC
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 with full payment.

Mail to:

**1629 S Melgaard Road
Aberdeen, SD 57401**

Make checks payable to AGA.