

# TNT Gymnastics, LLC.

# 2019

Phone: (608) 279-9913 | Email: tntgymwi@gmail.com



## June 27-30; Dynamite High-Performance Camp

- Only check/money order payable to TNT is accepted
- Registration accepted on first-come, first-serve when paid in full.
- We do have a maximum number of campers.
- Camp provides 4 days of training; No make-ups/refunds for missed workouts.
- Gymnast Cost: \$550; Visiting Coach Cost: \$250 (waived with 3 registered gymnasts)

### Participant Information

Name:	T-Shirt Size:
Level last competed:	Date of Birth:                      Age:
Home Gym:	Coach's Name:
Allergies/Special Needs:	
E-mail:	Phone:

### Parent(s) Information

Parent(s) Name(s):		
Address:		
City:	State:	Zip:
Phone:	Alt. Phone:	
E-mail Address:		

### Emergency Contact

Name:	Relationship:
Phone:	Alt. Phone:

### Insurance Information

Name of Insurance Provider:	Policy #:
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Please mail check or money order payable to TNT Gymnastics, along with completed registration form and a copy of insurance card to:

TNT Gymnastics, LLC.  
Attn: Dynamite HP Camp  
156 Bluebird Lane, Gays Mills, WI 54631

# TNT Gymnastics, LLC.

## LIABILITY WAIVER

Parents' Names: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

As legal guardians of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the TNT Gymnastics, LLC. program ("TNT's Programs"). I recognize that potentially severe injuries, permanent paralysis or death can occur in any activity involving height or motion, including gymnastics, dance, aerobics, martial arts, cheerleading and any related activities, including tumbling and trampoline. As legal guardian of the aforementioned person, I hereby agree to individually be responsible for any injuries sustained and assume full responsibility for any and all medical expenses, which may be incurred by my child as a result of any injury sustained before, during or after my child's participation in or while participating for TNT's Programs. I hereby fully and forever release, hold harmless and discharge TNT Gymnastics, LLC., its owners, directors, officers, employees, teachers, coaches, staff and the facility owners from any and all claims, demands, damages or causes of action, present or future, whether the same be known, anticipated or unanticipated, including any claims of negligent training, resulting from or arising out of my child's involvement in TNT's Programs. I further agree to indemnify the released parties against the costs of any legal action, brought by or on behalf of my participating child, including attorney fees to defend such action. I agree that I will abide by all rules and policies, regulations and conditions, as described by TNT Gymnastics, LLC.

### CONSENT TO PHOTOGRAPH AND MEDIA RELEASE

I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at TNT's Programs or at a function sanctioned by TNT's Programs. I hereby grant permission to TNT's Programs to use my child's photograph or likeness in any publicity or promotional publications (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, social media, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes. I have read and understand this "Liability Waiver" and "Consent to Photograph and Media Release" and I voluntarily affix my name in agreement.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OBSERVATION AGREEMENT

I understand that persons 18 years of age or older are NOT covered by any insurance held by TNT Gymnastics, LLC. I agree to be totally financially responsible for all medical expenses arising out of my participation of observation in any program offered by TNT's Programs. As a consideration of my participation with TNT Gymnastics, LLC. I agree to carry adequate medical insurance.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_