

TNT Gymnastics, LLC.

2020

Phone: (608) 792-5761 | Email: tntgymwi@gmail.com



August 21-23; TNT Dare-to-Dream 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 3 days of training; No make-ups/refunds for missed workouts.
- Gymnast Cost: \$325; Visiting Coach Cost: \$100 (waived with 3 registered gymnasts)

Participant Information

Name:	Leotard 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: Dare-to-Dream 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: _____

COVID-19/ILLNESS AGREEMENT

At TNT Gymnastics our teaching and coaching staff will spot (physically assist) only when the circumstances require it. Spotting our students and athletes is often necessary in order to teach skills safely, to help athletes perform skills correctly and to prevent injury. I understand and agree that spotting will be part of the learning process during this camp and I agree to permit my child's teacher and/or coach to physically assist my child when needed. Direct assistance will also be provided in the event of injury. I also understand that accidental contact between children is always a possibility. I have read, and understand, the above listed policy & procedures and I acknowledge that I am sending my athlete(s) to camp voluntarily and understand that even with the extra precautions put in place athletes in attendance still risk exposure to Covid-19 and/or other illnesses. I agree that I will not send my child to camp with any sign of illness.

Parent or Guardian's Signature: _____ Date: _____