** Texas Dynamix After School Camp Registration**

**2022-2023**

***Step 1.* Family Information / Parent / Guardian**

 **Parent/Guardian First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_Zip: \_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How Did You Hear About Us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Step 2.*   Participant Information**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Conditions/Allergies/Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of School & Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Rotations offered include **ninja, gymnastics, cheer prep, tumbling, and homework.**

Please let us know anything that your child needs to know: **Example:** Please have Sally do homework twice a week or Make sure my child is dressed by 5pm for gymnastics.

***Step 3.*   Payment and Installment Billing Information *(This is a binding agreement, Please initial)***

**\_\_\_\_\_\_\_\_\_I agree to pay on the 27th of every month for the following month. After the 27th, no refunds OR credits will be given. I understand that paying, holds my spot in the camp; therefore, there will be no refunds for sick days/vacations/etc. I understand that I must have a credit card (Visa, Discover or Mastercard) form on file.**

**Total to be charged:**

* \_\_\_\_\_\_\_\_\_I want to sign my child up for every day of the week ($350/month)

**OR**

* \_\_\_\_\_\_\_\_\_I will only be needing pick up for my child on the following days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* $35 Registration per child, per year,( this is not the class registration) charged to my card

* Total paid today: $\_\_\_\_\_\_\_\_\_\_\_\_

* Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Pickup from Texas Dynamix is at 6pm sharp every day! We will have all children in the After-School Room by 5:45pm. Any late pickups will result in a $10 fine for every 10 minutes that you are late.**

**\*\*\*If your child is not going to be riding the van to TXDynamix on a certain day, you must inform the front desk by 2pm. Failure to do so will result in a $20 fine. (This delays our time at the school)**

I have reviewed the information above and understand that I am responsible for all charges including tuition, registration, and any additional fees. A credit card is required to be on file.

**Parent Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASSUMPTION OF RISK, WAIVER OF LIABILITY**

I understand that Texas Dynamix Gymnastics staff members are not licensed medical physicians. I release Texas Dynamix Gymnastics staff to provide first aid to my child in the case of injury or illness and, if deemed necessary by the staff, to call medical personnel. I authorize transportation by Texas Dynamix Gymnastics staff or volunteer to any healthcare facility or the calling of an ambulance for my child, if so deemed necessary by the staff. I also authorize the treatment of my child for injury/illness once at the medical facility. I authorize payment for treatment either personally or through our family health insurance.

I understand injuries may occur in the sport of gymnastics, calisthenics, dance, tumbling, camp activities and other activities at Texas Dynamix Gymnastics.  Athletes may suffer injuries - minor, serious, or catastrophic in nature. Parents should speak with their children about the possibility of injury and encourage their child to follow safety rules and coaches’ instructions.  Texas Dynamix Gymnastics and staff do not accept responsibility of injuries that may occur during gymnastics, calisthenics, dance, tumbling, trampoline, open workout, or in the case of any exhibition, special event, competition, or camp/clinic in which he or she may participate in while traveling to or from the event. I am fully aware of the risks and possibility of injury involved and I consent to have my child/children participate in the camps offered by Texas Dynamix Gymnastics. I waive and release all rights and claims for damages that I or my child may have against Texas Dynamix Gymnastics.  I understand it is the parents’ responsibility to warn the child about the risks involved in gymnastics. Texas Dynamix Gymnastics will only warn the child through Safety Rules as outlined by the gym and our teaching style.

**TUITION PAYMENT, ENROLLMENT AND INSTALLMENT BILLING INFORMATION**

**I understand that my child will not be enrolled in any after school camps until payment info is received**. I understand that by enrolling in after school camp I am holding a spot, therefore, there will be **NO CREDITS OR REFUNDS**, missed and/or canceled due to holiday, vacation, illness, weather or any other reason. **Texas Dynamix Gymnastics does not issue refunds. All sales are final for any product or service purchased or provided by Texas Dynamix Gymnastics.** Contingent on availability, Texas Dynamix Gymnastics may issue a free pass to an open gym for a missed camp. From the date of registration forward, my entire account balance shall be due monthly. Fees for other products or services shall be paid for at the time of purchase or registration.

**TEXAS DYNAMIX GYMNASTICS IS NOT A LICENSED DAYCARE, THEREFORE WE WILL NOT GIVE OUT OUR TAX ID INFORMATION FOR PERSONAL FILING. We are a camp only.**

**If you would like to pull your child from after school camps and pick up, you must give a 30-day notice**, or you will be responsible for paying the outstanding balance for the previous month. Texas Dynamix Gymnastics charges monthly on the 27th of every month for the following month. Any declined tuitions, or tuitions not paid by the 7th will have a $10 late fee added.

**ASSUMPTION OF TRANSPORTATION RISK**

I give permission to transport my child from school to Texas Dynamix Gymnastics. Texas Dynamix Gymnastics and the staff do not accept the responsibility of injuries that may occur while being transported. I give full permission to Texas Dynamix Gymnastics and the staff to provide first aid to my child in the case of injury or illness and if, deemed necessary by the staff, to call medical personnel while on the vehicle or in an emergency with the vehicle. I understand that Texas Dynamix Gymnastics is not a day care and that my child will be enrolled in modified classes while attending Texas Dynamix After School Camps.

**COVID-19, Delta or any Variant Liability Waiver**

I acknowledge the contagious nature of the Coronavirus/COVID-19/Variant and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Texas Dynamix Gymnastics has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
I further acknowledge that Texas Dynamix Gymnastics can not guarantee that my child will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19/variant may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the gym staff, and other gym clients and their families.
I voluntarily seek services provided by Texas Dynamix Gymnastics and acknowledge that I am increasing my child and my family the risk to exposure to the Coronavirus/COVID-19.
I hereby release and agree to hold Texas Dynamix Gymnastics harmless from, and waive on behalf of my child and myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the gym, or that may otherwise arise in any way in connection with any services received from Texas Dynamix Gymnastics. I understand that this release discharges Texas Dynamix Gymnastics from any liability or claim that I, my heirs, or any personal representatives may have against the gym with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Texas Dynamix Gymnastics. This liability waiver and release extends to the gym together with all owners, partners, and employees.

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZATION OF CHILD PICK-UP**

I give permission for the following people to pick up my child from Texas Dynamix Gymnastics After School Camp. Anyone not on this list will need written and signed permission by the child’s parent or guardian. Please also include you (the parent) on the list below. **Anyone who may be picking up the child needs to be on this page.**

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

I have reviewed the information above and agree to allow any of the adults listed above to pick up my child from Impact. I understand that anyone on this list will have permission to leave with my child, and anyone not on this list will need written confirmation beforehand to pick up my child.

**Parent Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**