

NOLA GYMNASTICS

Location: 1725 Dufossat, Newman Facilities Bldg

2020 Summer Camps

REGISTRATION FORM

(PLEASE PRINT)

Student's Name (First/Last) DOB Age

Parent/Legal Guardian Name (First/Last)

Street Address:

City, State, Zip:

E-mail Address:

Phone:

NOLA GYMNASTICS IS NOT RESPONSIBLE FOR LOST ITEMS OR FOR ITEMS LEFT IN THE GYM.

Prices / Payments

Session Weekly: \$225

Daily: \$50

Extended Care (8-9am, 3-5pm):
+ \$60/Session or + \$15/day

Deposit: A \$50 non-refundable deposit is required for each session.

Payments: Cash, Check or Credit Card
(Convenience Fee added to credit cards)

Make Checks Payable to: NOLA Gymnastics

Mail Registration to: 6121 HURST ST.
NOLA 70118

All registrations must be paid on 1st day of session



For Girls/Boys Ages 4-12
Beginner, Pre-Team + TEAM students

Drop off between 8:45 - 9:00am Mon - Fri

Pick-up 3:00pm.

Campers must bring lunch, 1 snack and 2 drinks.

Girls must wear leotards, ponytail. No jewelry please.

12 Session(s)

Check Session(s)

Session	Dates	Session Price	Extended Care
<input type="checkbox"/> Session 1	May 26-29	\$225	<input type="checkbox"/> \$60
<input type="checkbox"/> Session 2	June 1-5	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 3	June 8-12	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 4	June 15-19	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 5	June 22-26	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 6	June 29-July 3	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 7	July 6-10	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 8	July 13-17	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 9	July 20-24	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 10	July 27-31	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 11	Aug 3-7	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Session 12	Aug 10-15	<input type="text"/>	<input type="text"/>

Extended Care

Check Extended Care

Sessions Total + Ext. Care Total

Enter Session + Extended Care Total Here

Total: \$

(504) 782.6462

WWW.NOLAGYMNASTICS.COM

EMAIL: gretchen@nolagymnastics.com

PARTICIPANT RELEASE, WAIVER AND INDEMNIFICATION

I have been advised and I understand that: (a) there is a risk of injury associated with participation in the instructional programs/activities at NOLA Gymnastics LLC; (b) the participation in such programs/activities and/or use of the equipment used in such programs/activities may result in injury including, without limitation, strains, abrasions, cuts, fractures, or death; (c) these risks and dangers may be caused by the negligence of the owners, the participants, the negligence of others, accidents, breaches of contract, the force of nature and/or other foreseeable or unforeseeable causes; and (d) by my child's voluntary participation in these programs/activities and/or use of equipment, I, as guardian, hereby expressly assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers or employees of NOLA Gymnastics LLC, or by any other persons.

Medical Release: I fully understand that the staff of NOLA Gymnastics LLC are not physicians or medical practitioners of any kind. With that in mind, I hereby authorize and give my consent to NOLA Gymnastics LLC including any of its instructors or other authorized employees to provide emergency medical care and to give authority to any emergency unit, hospital or doctor to render immediate aid as might be required for the treatment of the above named student in the event of any emergency either on the premises of NOLA Gymnastics LLC or during the course of any sports event involving the student as a NOLA Gymnastics LLC participant.

Media Release: By attending open gym, events, meets, off-site meets or events, birthday party, or classes at NOLA Gymnastics LLC, I hereby grant to NOLA Gymnastics LLC the absolute right and permission to copyright, publish, and use photographic portraits, pictures, audio, videos, audio taped or photographed by any means and grant full use of my child's likeness, voice and words without compensation to me or the participant(s).

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE NOLA GYMNASTICS LLC FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND/OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE WHICH MAY ARISE OUT OF MY CHILD'S PARTICIPATION IN THE PROGRAMS/ACTIVITIES AT NOLA GYMNASTICS LLC.

Parent/Legal Guardian Signature

Date



CREDIT CARD AUTHORIZATION FORM (3.5% + \$0.15 Convenience Fee added to credit cards)

I hereby authorize NOLA Gymnastics LLC to charge my Credit Card

Visa MasterCard American Express Discover

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

NAME ON CARD

COMPLETE MAILING ADDRESS

City, State, Zip:

AUTHORIZED SIGNATURE

DATE