

**REGISTRATION FORM / PERSONAL INFORMATION**

Child's Name \_\_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  
 Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mother \_\_\_\_\_ Cell # \_\_\_\_\_ Bus. Ph. \_\_\_\_\_  
 Father \_\_\_\_\_ Cell # \_\_\_\_\_ Bus. Ph. \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ T-shirt size \_\_\_\_\_  
 Any Medical, Emotional or Physical Concerns to be aware of? (ie. allergies, medication) \_\_\_\_\_  
 \_\_\_\_\_  
 (Please fill out the "Additional Information" sheet with specific information such as medication that needs to be administered during camp.)  
 How did you learn about Kids First Sports Center? (If word of mouth, from whom?) \_\_\_\_\_

**TO REGISTER:**

1. Fill out registration / personal information above and the waiver of liability below.
2. Fill out attached worksheet with requested workshop dates circled

**Tuition** due in full by Friday prior to week attending.

**Cancellations** must be made 3 days prior to attendance. (No refunds / credits after the cancellation deadline).



**SHORT DAYS!**  
**2 1/2 hours!**

**"EARLY BIRDS"**  
 Mon. or Wed.  
 9:30am-12 noon  
 Snack Included!

**"LATER GATORS"**  
 Tues. or Thurs.  
 12:30-3:00pm  
 Snack Included!

**\$24 per day**  
 When registering  
 by the prior Fri.  
 (\$29 after Fri)

**LONG DAYS!**  
**4 hours!**

**Fridays**  
 10:00am-2:00pm  
 Lunch Included!

**\$34 per day**  
 When registering  
 by the prior Fri.  
 (\$44 after Fri)



**ASSUMPTION OF RISK • WAIVER OF LIABILITY • PHOTO RELEASE • MEDICAL AUTHORIZATION**

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Queen City Gymnastics Center, Inc., dba Kids First Sports Center ("Kids First") programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Kids First, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Kids First publicity or advertising.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Kids First and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Kids First.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN's signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

office use
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**CIRCLE** your choice of days (Not sure about your schedule? You may always "add on." Just let us know by the Friday prior to week.)

**JANUARY 2009**

MON	TUES	WED	THUR	FRI
9:30-12	12:30-3	9:30-12	12:30-3	10-2
			X	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

**CALCULATOR / JANUARY**

SHORT DAYS \$24 x \_\_\_\_\_ = \$ \_\_\_\_\_

LONG DAYS \$34 x \_\_\_\_\_ = \$ \_\_\_\_\_

**FEBRUARY 2009**

MON	TUES	WED	THUR	FRI
9:30-12	12:30-3	9:30-12	12:30-3	10-2
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

**CALCULATOR / FEBRUARY**

SHORT DAYS \$24 x \_\_\_\_\_ = \$ \_\_\_\_\_

LONG DAYS \$34 x \_\_\_\_\_ = \$ \_\_\_\_\_

**MARCH 2009**

MON	TUES	WED	THUR	FRI
9:30-12	12:30-3	9:30-12	12:30-3	10-2
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

**CALCULATOR / MARCH**

SHORT DAYS \$24 x \_\_\_\_\_ = \$ \_\_\_\_\_

LONG DAYS \$34 x \_\_\_\_\_ = \$ \_\_\_\_\_

**APRIL 2009**

MON	TUES	WED	THUR	FRI
9:30-12	12:30-3	9:30-12	12:30-3	10-2
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

**CALCULATOR / APRIL**

SHORT DAYS \$24 x \_\_\_\_\_ = \$ \_\_\_\_\_

LONG DAYS \$34 x \_\_\_\_\_ = \$ \_\_\_\_\_

**MAY 2009**

MON	TUES	WED	THUR	FRI
9:30-12	12:30-3	9:30-12	12:30-3	10-2
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

**CALCULATOR / MAY**

SHORT DAYS \$24 x \_\_\_\_\_ = \$ \_\_\_\_\_

LONG DAYS \$34 x \_\_\_\_\_ = \$ \_\_\_\_\_

Forms of Payment .....  Check # \_\_\_\_\_  Cash or  Credit Card

I authorize Kids First Sports Center to securely keep my file and automatically charge my fees the Thursday prior to week attending.  (initials)

Name on credit card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_