



TEXAS RHYTHMIC ACADEMY SUMMER REGISTRATION FORM

Please complete this form and return to the payment box along with the full camp payment.

Name of Student: _____ **Date of Birth:** ___/___/___

Name of Parent / Legal Guardian: _____

Address: _____

Phone 1: _____ **Phone 2:** _____

E-mail: _____

Emergency Contact: _____ **Phone:** _____

Medical Problems/Concerns: _____

How did you hear about our club? _____

My child will attend:

Camp I (June 23 – 27)	half day _____	full day _____
Camp II (Aug 18 – 22)	half day _____	full day _____

RELEASE OF LIABILITY

I give my approval for the above named student's participation in any and all activities of the TRA summer program. I understand that there are risks inherent in rhythmic gymnastics training that can result in injuries to my child/children including but not limited to, contusions, cuts, scrapes, head and/or dental injuries, and broken and/or sprained limbs. I authorize my child/children to attend and visit the swimming pool as part of the TRA summer program, and understand that there are risks inherent in such activities. The participant hereby agrees to participate in activities of TRA and hereby agrees to indemnify and hold harmless TRA, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the TRA summer program. Furthermore, I understand that TRA is not responsible for anything that happens before or after the student's designated program time. The participant also agrees to indemnify TRA for any damages incurred arising from any claims, demand, action or course of action by the participant. By my signature on this Liability Waiver, I bind myself, my heirs, and any current or future representatives to the terms and conditions of this Liability Waiver.

Any comments/instructions/special medical/health problems of which the staff should be aware of should be attached to or indicated on this form.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.

Parent/Guardian Signature: _____ **Date** _____