



PA Day Camp 2024 - 2025

Camp Hours and Rates:

	Hours	Daily	Before and After Care Rates *Request only		
Full Day	9am - 4pm	\$65	Before Care	8am - 9am	\$20
Half Day - AM	9am - 12pm	\$50	Before Care	8:30am - 9am	\$15
Half Day - PM	1pm - 4pm	\$50	After Care	4pm - 6pm	\$20/hourly

Participant:

Participant Last Name: _____ Participant First Name: _____

Date of Birth: MM _____ DD _____ YR _____ Age: _____ Sex: M or F

Special Needs/Allergies/Medications: _____

Parent/Guardian & Emergency Contact:

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____

Address: _____ Apt. # _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

How did you hear about us? _____ Photos for Promotional use: opt out (Check) _____

Additional Notes: _____

	Dates	Full/Half Day	PA Day	BC	AC	Subtotal	Total	Paid
1	Friday, September 27 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM						
2	Friday, October 25 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM						
3	Friday, November 15 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM						
4	Friday, January 24 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM						
	Friday, May 2 nd	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM						
	Friday, June 6 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM						
	Friday, June 27 th	<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM						

*No Refunds or Credits

Attendance and Ratio Policy:

I understand there is limited availability for PA Day Camp. Payment is required to hold your child's spot in these camps. By withholding registration until the day of camp, I understand the risk of my child not being able to attend.

Signature: _____

Credit Card # _____ Exp. _____ Cvv _____ Debit _____ Ch# _____ Cash _____

401 Dissette Street, Unit 8 & 9, Bradford, ON, L3Z 3G9

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READ BEFORE SIGNING

WARRANTY AND CONSENT OF PARENT/GUARDIAN

**ASSUMPTION OF RISK
RELEASE AND WAIVER OF LIABILITY
INDEMNITY AGREEMENT**

IN CONSIDERATION of allowing my minor child/ward to participate in the program, related events, and activities of the
*_____.

I WARRANT TO YOU THAT:

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and
2. I am familiar with the risk of serious injury and death which any participant in this program must assume, and
3. I believe that my minor child/ward is physically, emotionally, and mentally able to participate in this program, and that his/her equipment is mechanically fit for his/ her use in this program, and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward, and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the program.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons and organizations associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I AND/ OR MY MINOR CHILD/WARD WOULD OTHERWISE HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

*_____
SIGNATURE OF PARENT/GUARDIAN

*_____
printed name of parent/guardian

SIGNATURE OF WITNESS

printed name of witness

DATE

AGE OF MINOR