

2008 CAMP WINGATE*KIRKLAND GYMNASTICS



We are pleased to offer gymnastics again this summer! The professional and dedicated staff at Cape Cod Gymnastics will train Campers at their state of the art facility located in Dennis, MA –just a 10 minute ride from W*K.

Campers in each session will be able to participate in the Gymnastics Program once a week, for 3 straight weeks. Full season campers may be able to participate in both sessions, depending on availability. Campers will be at Gymnastics from 12:30-2 PM, so their schedule at W*K will have minimal disruption.

The gymnastic program consists of:

- New flips, twists and rolls
- Obstacle courses
- Basic through advanced gymnastics skills on all the Olympic events
- Trampoline and mini-tramp work
- Stunts and tricks they can use in other sports: skateboarding, in-line, bike, etc.
- Play in the 8' deep foam pit, climb ropes, swing on trapezes and climb the cargo net!

To enroll, please fill out both sides of this form and return to Camp W*K. Enrollment is limited and on a first-come/first-served basis.

I, _____, parent/guardian of _____, give permission for my child to participate in certain off-campus activities, including but not limited to Cape Cod Gymnastics. In so doing, I have been made aware of the risks associated with this activity, and assume all such risk on my child's behalf.

Signed: _____

Dated: _____

CAMP WINGATE*KIRKLAND
79 WHITE ROCK ROAD YARMOUTH PORT, MA 02675
TEL: 888.714.2267

Cape Cod Gymnastics Center

(508) 385-8216 334B Hokum Rock Road PO Box 945 Dennis, MA 02638
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Assumption of Risk, Release of Liability for Personal Injury, Medical Authorization

I, _____, for myself and as the parent and/or legal guardian of _____, age _____, do hereby release the Cape Cod Gymnastics Center (CCGC), its owners, operators, instructors, employees, agents, servants and affiliated center(s) from any and all liability or in any way related to my or my child's use of the facilities, equipment, or apparatus of CCGC; and /or my or my child's participation in any class, program, competition or other event organized, run and/or sponsored by or held at the CCGC, hold harmless the said claims, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

By signing this release, I acknowledge my understanding and acceptance of the following:

1. That gymnastics is an active sport, which requires strength, agility and concentration and that it is solely my responsibility to determine that my child is in good health and good physical and mental condition before permitting my child to exercise, work out, receive instruction or perform.
2. That gymnastics requires twisting, turning, tumbling, jumping, flexion, extension and rotation, which movements are often performed with considerable force and/or at considerable height and which can result in severe, permanent personal injuries, including, but not limited to, bruised, strained, sprained or torn muscles, tendons and ligaments, broken bones, derangements or dislocations of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death.
3. That gymnastics requires the use of apparatus and equipment, which may cause or contribute to severe, permanent personal injuries, such as those described above.
- 4.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Cape Cod Gymnastics Center, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for CCGC.

I have read the Release of Liability for Personal Injury and have been given the opportunity to speak with a representative of CCGC before signing this release.

Signature of Parent or Guardian:

Date: _____