

Summer Camp BLAST

with

Coach Jenna

For Boys and Girls

Date Deposit Paid _____ Amount _____

Check # _____ Cash _____ Charge _____

Date Balance Paid _____ Amount _____

Check # _____ Cash _____ Charge _____

Student's Name (First - Last) Age / / Gym Class Level

Mother's Name (First - Last) Cell Phone

Father's Name (First - Last) Cell Phone

Home Address Home Phone

City, Zip Code Work Phone

Student's Allergies or Other Pertinent Medical Conditions

Emergency Contact Phone

email

Happy Feet Camps Ages 3-6

Half day - AM: 9:00 a.m. - 12:00 p.m.

PM: 12:00 p.m. - 3:00 p.m.

\$175 per week / \$35 per half day



To Reserve a Space: Camps require a \$100 Non-Refundable Deposit Balance Due on the First Day of Each Camp

Extended care AM: 8:00 a.m. - 9:00 a.m. \$25 per week - \$5 per day

Extended care PM: 3:00 p.m. - 5:00 p.m. \$50 per week - \$10 per day

Please bring a lunch for Full Day Camp

- June 21 - 25
Candyland
- June 28 - July 2
Join the Parade
- ★ July 6 - 9
Jungle Gym Camp
- July 12 - 16
It is a Small World after all
- July 19 - 23
Under the Sea
- July 26 - 30
Mermaids and Pirates
- August 2 - 6
See the Circus
- August 9 - 13
Olympic Blast
- August 16 - 20
Be a Star
- August 23 - 27
Tropical Paradise

Olympic Camps Ages 6-12

Full Day - 9:00 a.m. - 3:00 p.m.

(Half day available)

\$275 per week / \$60 per day

Sibling discount: \$15/full week



Bay Aerials Gymnastics

www.bayaerials.com

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fax 510 651-1264

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RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I am fully aware of and appreciate the risks, including catastrophic injury, paralysis and death, as well as other injuries, damages, and loses that may result from participation in gymnastics activities and events.

On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless and indemnify Bay Aerials Gymnastics, its officers, directors, agents and employees (hereinafter collectively "Bay Aerials"), from any and all claims for personal injury, property damage or wrongful death, and any damages resulting therefrom, that may arise out of, or in any way related to, my participation in activities involving Bay Aerials and travel related to such participation.

I understand that this release is intended to discharge in advance Bay Aerials from and against any and all liability arising out of, or in any way related to, my participation in activities involving Bay Aerials, and related travel, even though liability may arise from Bay Aerial's negligence, or other conduct by Bay Aerials.

This agreement shall not apply to claims that for public policy reasons, are not subject to waiver or release.

I have read and understand the terms of this release of liability and indemnification agreement, and I agree to be bound by its terms.

Participant's Name

Parent or Guardian's Name

X

Signature of Parent or Guardian on behalf of Participant (Sign at the Front desk)

Date