



**Registration and Waiver Form
Summer Camp 2010**

Name (Gymnast): _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Birth date (yy/mm/dd): _____

Previous dance/gymnastics experience (if any): _____

Emergency Contact: _____

Emergency Phone: _____

Medical Considerations: _____

Location: Devon Alliance Church, Hwy 60 and Miquelon Ave.

Dates: Monday August 9 to Friday August 13

Cost: \$110

Session: Morning (9am-Noon) Afternoon (1:00-4:00pm)

Release/Waiver Form

I state that I will not hold responsible the Devon Alliance Church, Riverview Middle School, Arabesque Rhythmics or its coaches for any personal injuries or property loss or damage suffered by my child while participating in Arabesque Rhythmics classes or associated activities.

Parent/Guardian signature: _____

Date: _____

Athletes' image, likeness, name (excluding personal address, phone, facsimile numbers and email addresses) province, city/town and club as well as previous competitive or performance history may be used in publications and on the internet by Rhythmic Gymnastics Alberta as well as its agents and sponsors from time to time (hereinafter referred to both individually and collectively as 'RGA') and also by Arabesque Rhythmics.

Parent/Guardian signature: _____

Date: _____