



For Bounce Staff:

Camp Information

Child's Name _____ Birthday _____

Authorization to pick up child at Bounce Gymnastics (required)

(1) Parent/Guardian _____ Relationship _____

Best phone number _____ Email _____

(2) Parent/Guardian _____ Relationship _____

First phone to call _____ Email _____

Second phone to call _____ Email _____

Any notes we need to know about picking up your child? _____

Student Health Information

Allergies

Does your child have allergies we need to know about that might impact their health at summer camp? No Yes

If yes, please list and describe any reaction we need to be aware of and recommendations how to manage any reaction:

Medical, Physical or Emotional Conditions

Does your child have any conditions that we need to be aware of while they are at camp? No Yes

If yes, please provide information to assist us in providing the best camp experience for them:

Medications, Inhalers, EpiPens

Might your child require an inhaler, EpiPen or medication while at camp? No Inhaler EpiPen Medication

Medications must be in their original containers and appropriately labeled. Please bring a note detailing the medications and does. Medications MUST be given to the Bounce staff.

Please provide us any additional information about your child you feel might improve their camp experience:

Parent/Guardian signature _____

Liability Release & Waiver



For Bounce Staff:

Child's Name _____

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, ILLNESS, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING OR PARTICIPATING OR WITNESSING IN ANY ACTIVITY OCCURRING IN OR ABOUT THE BOUNCE GYMNASTICS PREMISES. I ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD SERENDIPITY MANAGEMENT LLC AND THE STANLEY MARKET PLACE AND ANY EMPLOYEE OF BOUNCE GYMNASTICS HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I HAVE READ THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parent/Guardian full name (print) _____ Date _____

Parent/Guardian signature _____

Consent for Medical Care

If any emergency situation occurs, the Bounce staff will make every effort to contact the parent or guardian as soon as possible.

I UNDERSTAND AND GIVE PERMISSION TO THE BOUNCE STAFF TO TREAT MINOR INJURIES AND ADMINISTER ANY APPROVED MEDICATION, INHALER OR EIPEN FOR MY CHILD WHILE PARTICIPATING IN THE BOUNCE SUMMER CAMP.

Parent/Guardian signature _____

Other Camps at Stanley Marketplace

Is your child enrolled in another camp at the Stanley Marketplace immediately following our camp?

No

Yes

If your child is attending another camp at the Stanley Market Place, after their morning camp with Bounce Gymnastics, our staff will help get them to the right place. Students will eat lunch with their morning camp and escorted by their morning camp to check in for their afternoon session.

I GIVE PERMISSION FOR A BOUNCE STAFF MEMBER TO SIGN MY CHILD INTO CAMP AT ANOTHER CAMP WITHIN THE STANLEY MARKETPLACE.

Parent/Guardian signature _____