

# STOP.

## DO NOT print until you READ this page.

***Do NOT use this form after 9/1/18 please.***

All Permission Form Signatures must be witnessed by Kehler's Gymnastics Center Inc. Adult staff over 18 years of age.

This form is only here for those who wish to have it **NOTORIZED** in place of the KGC witness.

**We do NOT suggest that you notarize** the form, but rather that parents **come to the gym** at the time they register for camp to sign, as your reservation for camp is not complete until we have the signed form in our hands.

**Do not** fill out this form ahead of time to bring with you. We will give you a form on card stock.



### Directions for those who wish to use a notarized form:

- a. Fill out all appropriate information.
- b. Read the front and back of the form and sign on the "Parent/Guardian signature" lines.
- c. Have a notary public notarize the form on the "Witness signature" line. (Max. Charge \$5 by PA law)
- d. Make sure the completed form is delivered back to the gym immediately as we can not guarantee your reservation in camp without the signed permission form.

**Kehler's Gymnastics Centers Inc.**  
680 Parkway, Broomall, Pa. 19008 359-9999

**Just dial: 610-"KIDS-FUN"**  
**[www.kehlersgym.com](http://www.kehlersgym.com)**

This document is the property of Kehler's Gymnastics Centers, Inc.  
It may not be returned to the parents for any reason.



# Day Camp Permission Form

Student's Name \_\_\_\_\_

(Last)

(First)

Home Phone \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate \_\_\_\_\_

Please print clearly: Referred by (please ):  friends  mail flyer  web site

Street \_\_\_\_\_

Town: \_\_\_\_\_ PA, ZIP: \_\_\_\_\_

Camp Code \_\_\_\_\_  
(please ):  Boy  Girl

**REQUIRED\*: Working e-mail address:** \_\_\_\_\_ (secure & private)

PRINT Mother's Name: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ / Mother's work phone: \_\_\_\_\_

PRINT Father's Name: \_\_\_\_\_

Father's cell phone: \_\_\_\_\_ / Father's work phone: \_\_\_\_\_

If parents unavailable at the above numbers and there is an emergency contact:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) Relationship \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

**Do NOT complete this section until you discuss it with a manager please:**

A) Physical or other special needs: (If none write "NONE")  \_\_\_\_\_

B) Has doctor placed any restrictions on the child's participation?

please initial:  NO  
\_\_\_\_\_ YES, therefore my child will not participate at this time and I will arrange a meeting, on a later date, in person with the Program Director, before participation may be permitted.\*

C) Are there any medications or medical tests which may need to be administered during activities?

please initial:  NO  
\_\_\_\_\_ YES, therefore my child will not participate at this time. If "yes" parent MUST answer (D) below.

D) Leave this question BLANK unless Medication/Special Care is required during the hours of participation:

Are you as the parent prepared to arrange to have either yourself or other qualified adult on site at all times to administer treatment/medication? (We do not have trained medical professionals on site. Minors are not permitted to have medication of any type in their possession and will be removed from the program w/o refund if this rule is violated. See back.)

please initial: \_\_\_\_\_ YES, therefore my child may participate immediately.  
\_\_\_\_\_ NO, therefore my child will not participate at this time and I will arrange a meeting, on a later date, in person with the Program Director, before participation may be permitted.\*

\*To schedule meeting address written request to: Program Director KGC Inc., 680 Parkway Dr., Broomall PA 19008.

### Student Participant and Parent Participant:

1. Are instructed that prior to participating in any Kehler's Gymnastics Centers, Inc. event and/or activity and regularly thereafter, that if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.

2. Shall review all USAG Safety Guidelines(see back)

3. Fully understands and acknowledges that: (a) There are risks and dangers associated with participation in gymnastic, dance, rock climbing, karate, inflatables, soft play, cheerleading and other activities and events, including but not limited to those of bodily injury, partial and/or total disability, paralysis and death; (b) The social and economic losses and/or damages, which could result from those risks and dangers could be severe; (c) These risks and dangers may be caused by the negligence of participant or the negligence of others, including but not limited to the 'Releasees' named below; (d) There may be other risks not known to us or are not reasonably foreseeable at this time.

4. Accepts and assumes such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of "Releasees" named below.

5. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE KEHLER'S GYMNASTICS CENTERS, INC., event hosts, or other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event and each of them, their officers, directors, agents and employees, all of which are referred to as 'Releasees,' from all liability to the undersigned, my/our personal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise.

6. It is agreed that this Waiver and Release Agreement covers each and every activity sponsored by Kehler's Gymnastics Centers, Inc., and/or its member clubs and the 'Releasees' are released as to each and every activity and event.

**THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.** In addition, as parent or guardian, I do hereby grant permission to any licensed physician to provide emergency medical care to my child, if necessary, in connection with this activity. I will in no manner whatsoever hold the aforementioned parties responsible for any medical expenses.

**No additions, deletions, or changes may be made to this document.**

As parent/ legal guardian for above listed child I clearly understand and accept the risks involved **FOR MYSELF AND MY CHILD**, and grant permission for my child to participate.

Mother/ Father /Guardian\*\* (circle one) : \_\_\_\_\_ Date \_\_\_\_\_

\*\*Guardian must be legal court appointed.

Witness(signature authorized witness): \_\_\_\_\_ Date: \_\_\_\_\_

\*We require a working e-mail address. We will send you reminders and billing info. When you are no longer participating you may opt out and be removed easily from our list.

## NO REFUNDS

1. Refund/Credit Policy: No refunds on Camps. We regret that camp weeks cannot be transferred or switched to different weeks.
2. Missed days of Day Camp cannot be made up.
3. No siblings, friends, or spectators permitted in the building. Use of a TSS must be approved by KGC SR Director 30 days before child starts. Please do not leave unattended minors in our facility. All items left in the gym will be placed in the "Lost/Found" only. We are not responsible for items handed to our staff, left at the gym or for shoes, etc. lost in the pit. Please do not enter gym for any reason unless escorted by a staff person.
4. Clothing: No street shoes, gum, or jewelry in the gym at any time. All campers can wear shorts and a t-shirt. No belts, zippers, pockets, wire rim glasses, skirts, or skirts. Finger nails not past the finger tip. Please tie long hair out of eyes. Footwear: We permit bare feet, except SOCKS for Kids Fun Factory. Children who forget socks will be charged for them. Children who are not dressed properly may be excluded from camp.
5. Please pick up children promptly at end of camp. (Give us a call for flat tires, etc.) Please use express pick up/drop off at side of building. Minors are not permitted to leave the building without parents/guardians. Automatic \$10 late fee if child picked up after appointed time. Additional \$1 for each minute late. All early drop off and late pick up must be arranged in writing and paid for at the time of registration. Early drop: M-F 8:00 AM. Late pick up: M-R by 6:00 & F by 5:00.
6. These days the gym is closed. 7/4- 7/8/18 which is not part of the camp schedule.
7. Disaster/ Weather Emergency Days: If we close the gym for any reason we will not call you but we will put a closing message on [www.kidsfun.org/calendar-hours](http://www.kidsfun.org/calendar-hours). Click on the date on the calendar to see if we are open. We will also send an e-mail to the address you provided. All this is contingent on our having access to the internet during the emergency.
8. Registrations for additional weeks must be paid in full after May 1st and will only be confirmed where space is still available.
9. Children will be assigned GROUPS within camp based on age/ ability/ and personality. This is usually part of our planning process weeks ahead of the actual day camp. We will make our best effort to accommodate requests to have friends/siblings in the same group however the request must be in writing at the time of registration, not at the beginning of the first day of camp. When children are not the same age and/or ability level, the lower denominator will be the one used to decide the grouping. We reserve the right to separate children into different groups when it seems appropriate to KGC management, regardless of requests to the contrary.
10. Those with casts, stitches, sprains, strains, contagious illnesses, or those who are experiencing pain while participating may not participate. No one may participate in any KGC activities when using narcotics, alcohol, cold medications, pain killers, anti-inflammatories or any other medication or substance which could impair their physical or mental abilities. Parents are asked not to enter the building without the direct supervision of our Director and to always remain off the apparatus & mats. (Make an appointment.) We reserve the right to terminate or restrict participation or enrollment for anyone if we believe it is in the best interest of KGC, Inc. Peanut products may be in the building.
11. Those with Special Needs must arrange a meeting with Mr. Kehler. Further meetings and training sessions will be required before the first day of camp so see details below (11-a). Minors found to be in possession of any medications of any kind, may be immediately dismissed from the program with no refund and no further warning. This includes, but is not limited to, inhalers, epipens, over counter meds, prescription meds, therapeutic lotions/creams, test kits, etc. We request that whenever possible that parents avoid sending lunches which include peanuts or peanut products.

## 11. (a) Medication/ Special Needs Meeting Dates & Deadlines: KGC reserves the right to change dates/times.

June 4, 2018 Meds Meeting: EVERY parent who wants their special needs child to participate in summer camp must attend an appointment on this date. Meetings will start @ 9:00 AM and be scheduled at 20 mins. each. Times will be assigned AFTER paperwork is approved by Program Director. COMPLETE paperwork must be in Director's hands no later than May 25, 2018 or child will not be able to participate in camp. KGC reserves the right to change the dates or times. See [kidsfun.org](http://kidsfun.org) for updates or details.

Regardless of what you may be told verbally by any employee of Kehler's Gymnastics, Inc. these rules will always be strictly enforced to protect the safety and quality of our program. Verbal promises of our staff will not be enforced by the Management. Photos, videos, or other electronic images of our customers may be taken by our staff during activities for gym displays, crafts, web site, advertising, or press releases, etc. By signing this form the parent agrees to permit use of these photos by KGC Inc. with no financial or other consideration expected.

### Responsibilities of the Participant

1. Appreciate the Risk. Participation in gymnastics, rock climbing, dance, martial arts, games, inflatable, soft playground, computers, and other activities, even under the best conditions, carries with it a reasonable assumption of risk. Appreciate the fact that improper conduct of this activity can result in catastrophic injury, paralysis or even death.
2. Be Supervised. Every gymnastics session should always be supervised by a competent professional. Never participate in gymnastics without proper supervision.
3. Dress Appropriately. Always dress in terms of the learning/performance situation. Use chalk, rosin, handgrips, tape, protective body equipment, etc., where appropriate. When in doubt, consult your instructor.
4. Double Check Equipment. Before every session, be sure that the apparatus is in proper working condition, is correctly aligned, and is adjusted according to individual needs. Also, be sure to have adequate and properly placed matting. When in doubt, consult your instructor.
5. Communicate Clearly. Establish a clear, accurate communicative link with your teacher/coach. Make certain that both of you know exactly what, when, where, how and why the skill is to be performed and/or spotted.
6. Be Prepared to Participate. Be sure that you are physically, as well as psychologically, ready to perform. Total fitness is a fundamental prerequisite to safe practices in gymnastics.
7. Master Basic Skills First. Follow a definite progressive pattern in skill learning. Master first those basic skills that have the broadest application to the more complex skills.
8. Know the Skill. Be sure to have an accurate visual concept of the full potential of the skill. Know how to initiate, execute, and complete the entire movement. Develop an awareness for the more critical aspects of each skill.
9. Always Follow Through. Once you commit to and/or go for a skill, always follow through to its full completion. Be keenly aware that a prime consideration is protection of your head and spinal column.
10. Know Your Limitations. Develop a healthy awareness and respect for your individual limitations in learning and performing gymnastics, rock climbing and other activities.

I have read all the above information and understand it all and agree to all the terms. I realize that these rules are important and therefore will not ask for any exceptions.

(circle one) Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

