

Matrix Gymnastics Summer Day Camp Registration

CAMPER INFORMATION:

Childs Name _____

MM/DD/YYYY

Birthday

Age

2021 Grade Level

Street Address _____

City, State, Zip _____

PARENT/GUARDIAN INFORMATION:

Mother/ Guardian Name _____

Phone _____

Cell _____

Father / Guardian Name _____

Phone _____

Cell _____

Email Address _____

EMERGENCY CONTACT INFORMATION:

In the event I am unreachable or cannot pick up my child. The person(s) I have listed below are authorized by me to care for and/or pick up my child.

Name _____

Relationship _____

Phone _____

Cell _____

Name _____

Relationship _____

Phone _____

Cell _____

PAYMENT INFORMATION:

Week Deposit: _____ x \$20.00 = _____
(# of Weeks) (Total)

(First week is in full each additional \$20 deposit)

Extended Day Care: _____ x \$16.00 = _____
(# of Hours) (Total)

Please Charge My: Master Card VISA AMEX DISCOVER

Registration/Annual Member Fee \$35.00 per child or \$55.00 per family sibling

Make Checks Payable to:
Matrix Gymnastics, LLC
20844 Lassen Street
Chatsworth, CA 91311

_____ - _____ - _____ - _____ CVV2 _____ EXP Date _____

Billing Address _____

Zip Code _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

*** by signing this I authorize Matrix Gymnastics, LLC to charge my credit card for any and all charges incurred for summer camp, including but not limited to deposits, tuition, emergency lunch, after hours care, and late fees***

Gymnastics Summer Day Camp 2021

***IMPORTANT:** Please read carefully. Complete and sign both sides of this form.

Return or mail to: Matrix Gymnastics, LLC
20844 Lassen Street
Chatsworth, CA 91311
Attn: MATRIX FUN CAMP!
Fax: 818.709.6879

Please review and complete carefully the days that your child will be attending camp. Please see to "Item #3" under Conditions of Enrollment

WEEK 1 June 14th-18th (Super Hero)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00PM – 5:00pm @ \$16 p/hr Y N (with advance notice only)

WEEK 2 June 21st- 25st (Monster Mash)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00PM – 5:00pm @ \$16 p/hr Y N (with advance notice only)

WEEK 3 June 28th –July 2nd (Red White & Blue)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00PM – 5:00pm @ \$16 p/hr Y N (with advance notice only)

WEEK 4 July 5th - 09th (Hawaii Luau)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00-5:00 @ \$16 p/hr Y N (with advance notice only)

WEEK 5 July 12th- 16th (Under The Sea)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00- 5:00pm @ \$16 p/hr Y N (with advance notice only)

WEEK 6 July 19th- 23rd (Dance & Talent)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00- 5:00pm @ \$16 p/hr Y N (with advance notice only)

WEEK 7 July 26th- 30th (Olympics)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00- 5:00pm @ \$16 p/hr Y N (with advance notice only)

WEEK 8 Aug 2rd- 6th (Star Wars)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00- 5:00pm @ \$16 p/hr Y N (with advance notice only)

WEEK 9 Aug 9th-13th (Animal Safari)

Mon____ Tue____ Wed____ Thur____ Fr____
Extended care: 3:00- 5:00pm @ \$16 p/hr Y N (with advance notice only)

WEEK 10

Matrix Summer Day Camp

We will be closed July 4th, We Hope you have a Happy 4th of July!

I agree to the conditions of the enrollment and refund policy stated in this packet. I understand that a non-refundable Gym Annual Membership Insurance registration fee of \$35 plus an additional \$20 deposit fee for each week attending is required to be turned in with this form.

Parent Signature _____

Date _____

Email Address _____

Awesome Prices!

Conditions for Enrollment

- 1 Campers must be in good health.** Allergies and other conditions that might affect the health, safety, or welfare of the camper must be noted on the emergency and medical information section of this form. This must be completed and on file prior to campers first day. Signature on the form ensures Matrix Gymnastics, LLC / Matrix Fun Camp that your child is in good physical health for the summer.
- 2 Camp fees and tuition must be paid two weeks prior to campers start date.**
- 3 By signing this form, you are agreeing to pay all deposits & tuitions for all days/weeks reserved for your child.** There will be no refund or waiver of fees without written notification **2 weeks prior** to the date of scheduled weeks. Camp enrollment is limited and camp staffing is based on confirmed enrollment. A successful program is dependent on on-time tuition payments. Tuitions must be paid as billed w/ no deduction for absences, unauthorized schedule changes, or withdrawals. Campers may NOT attend camp with delinquent tuitions.
- 4 Make-ups and missed days.** Make-up days will be granted on a space-available basis. There will be **no credits or refunds issued for missed days.**
- 5 Dismissals.** In order to provide an outstanding camp experience for every child, MATRIX Gymnastics reserves the right to dismiss children whose behavior is detrimental to the camp / gym community. There will be no refunds in the event of a dismissal.
- 6 Returned Checks.** YOUR ACCOUNT WILL BE CHARGED **\$25 FOR EACH** RETURNED CHECK
- 7 Late Payments.** Tuition is due as contracted. **A \$15 late fee** will be charged to your account if a payment is late.
- 8 Schedule Changes.** Accounts will be charged a **\$10 fee** for each schedule change made after **6/10/2021**.
- 9 Accident Insurance.** Limited Liability coverage for excess accidental insurance is provided through our insurance policy. However, this is secondary. **PARENTS MEDICAL COVERAGE IS PRIMARY!**
- 10 Promotional Materials.** You hereby grant permission to the camp to use pictures of your child in promotional materials for Matrix Gymnastics LLC, Camp, Gymnastics, Cheer and other related interests.
- 11 Afternoon Care.** Afternoon care will be provided from 3:00pm – 5:00pm at **\$16.00** per hour additional. Any child remaining **after 5:00pm** will be charged **\$1.00 for each additional minute** the child is in our care. Fees will be demanded to be paid by cash or check at the time of pick up.
- 12 Late Pick-ups.** Camp ends promptly at **3:00pm**. Any child remaining **after 3:00pm** will be charged **\$1.00 for each additional minute** the child is in our care. Fees will be demanded to be paid by cash or check at the time of pick up.
- 13 Lunches.** Please provide your child with a **NON PEANUT** packed lunch and 2-3 bottles of water daily.
- 14 Program & Staff Changes.** The Camp / Matrix Gymnastics reserve the right to make program, staff and activity changes at its discretion. There will be no refunds in the event that such a change is made.

I have read and understand the conditions of enrollment. I agree to all conditions without limitations.

Parent / Guardian signature

Date

Parent / Guardian Printed Name

*****ALL PRICES ARE SUBJECT TO CHANGE DUE TO ECONOMY, TYPOGRAPHICAL ERROR ETC.... NO GUARANTEES*****

Drop in Daily Rate - \$65.00 ½ day \$75 full day (price per day) 8am early drop off is available based upon signups hourly rate: @\$16, \$8 sibling.

Camp Days	Half Day 9:00am - 12:00pm	Full Day 9:00am - 3:00pm
5	\$159	\$199
4	\$149	\$189
3	\$129	\$159
2	\$119	\$139

EMERGENCY AND MEDICAL INFORMATION

In an emergency if parents/guardians are NOT available please contact:

NAME OF PERSON	RELATIONSHIP	PHONE NUMBER	
1	Are there any activities in which the camper SHOULD NOT participate?	Y	N
2	Are there any allergies to food, medicine, animals, bees, or environment?	Y	N
3	Does your child have Asthma or any other health conditions that may require The use of medication during the day at camp?	Y	N
4	Date of last tetanus shot:	_____	
5	Does your child have any mental/physical medical diagnosis that The Camp/ Matrix Gymnastics, LLC should be aware of? (Special needs must be disclosed and accompanied by aide)	Y	N
6	Does your child have a fear of heights	Y	N

Please list ANY medications your child is taking:

Medication	Dose	Medication	Dose
_____	_____	_____	_____
Medication	Dose	Medication	Dose
_____	_____	_____	_____

If you have answered YES to ANY of the questions above; please explain.

PHYSICIAN CONTACT INFORMATION:

Primary Care Physician

Doctors Name	Doctors Phone Number
_____	_____
Address	Fax Number
_____	_____

PRIMARY MEDICAL INSURANCE COVERAGE:

Provider Name (i.e. Anthem, Health Net, Cobra, etc.)	Group ID Number	Expiration
_____	_____	_____
Date		

Name of Insured	Date of Birth	
_____	_____	

**** A COPY OF YOUR MEDICAL COVERAGE/ INSURANCE CARD IS REQUIRED WITH THIS FORM ***

Waiver and Release of Liability / Assumption of risk

I request and hereby do consent for my child/athlete, _____, with the birth date of _____

(First & Last Name)

_____ to use the equipment provided by Matrix Gymnastics, LLC and to participate in Matrix _____
(DD/MM/YYYY)

Gymnastics, LLC classes, events, special engagements, competitions, programs, and any other event with any relation to or associated with the skills and physical activities that Matrix Gymnastics, LLC provides or is associated with. I am fully aware of and appreciate the risks, including but not limited to the risk of catastrophic injury, broken bones, dislocations, torn tendons, torn ligaments, brain damage, spinal and back injury, permanent paralysis and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I understand and recognize that similar injury can occur from participating, helping, or spotting teammates. I also understand that the above listed risks and injuries can occur while folding, unfolding, transporting and setting up apparatus and equipment. Furthermore, I recognize and understand that because of increased movement, height, flipping, twisting, inversion and intense landing with the increasingly complex routines, the competitive pursuit of these sports and related activities may carry an increased degree of risk of injury and catastrophic injury than do the recreational versions. I understand and recognize that the safety precautions, which include mats, pits and other related safety equipment / apparatus, provided by Matrix Gymnastics, LLC are sufficient and are provided for my child's protection. I also recognize and understand that the participation and/ or interaction of a coach or staff member is necessary to aide or assist in the performance of certain skills, may be inadequate to perform certain injuries. I fully understand and accept the inherent risks involved in any recreational and/or competitive activities.

I understand that my child or myself are not bound or obligated to Matrix Gymnastics, LLC, or any representative of to participate in any activity / class / competition /event and that my child is not being paid to do so. My/ My child's interests are solely in the sport for his/her self-improvement and enjoyment. I AM IN SOUND MIND AND I FULLY ACCEPT, ASSUME AND UNDERSTAND ALL SUCH RISKS INVOLVED IN THESE ACTIVITIES / PURSUITS AND ASSUME ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES on my behalf and the behalf of my child/athlete. I confirm and represent that my child is in good health and is capable mentally and physically to participate in Matrix Gymnastics, LLC activities, programs and other related events.

I understand that as part of the Matrix Gymnastics, LLC program, my child/athlete is given the consideration of using the equipment and related apparatus with respect and caution. I understand and have explained to my child/ athlete the importance of safe practices on any equipment or apparatus. I agree to indemnify and hold Matrix Gymnastics, LLC, its officers, members, heirs and relatives harmless from and against any and all liability for any injury or loss that may be suffered by the aforementioned individual arising out of or in any way connected with participation in any activity. I further agree the sponsor of any Matrix Gymnastics, LLC event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of the aforementioned individual's participation in any and all events hosted by, represented by or with relation to Matrix Gymnastics, LLC. I HEREBY COVENANT NOT TO SUE and RELEASE, discharge and hold harmless Matrix Gymnastics, LLC its officers, directors, shareholders, owners, employees, volunteers, agents and successors from any and all liability, claims, medical, legal and/ or other costs or damages or causes of action whether it be known or unknown or whether it be existing now or in the future. I will INDEMNIFY AND HOLD HARMLESS Matrix Gymnastics, LLC and release from any litigation expense, attorney's fees, loss, liability damage or cost which may occur as a result of such claim to the fullest extent permitted by law.

I sign this Waiver of Liability and Covenant Not to Sue, in sound mind and Voluntarily consent to my child's / athletes participation.

Parent
Name _____

Relation to child/athlete _____

Parent / Legal Guardian signature _____

Phone Number _____ Date _____

Email _____

Matrix Gymnastics LLC (Matrix Gymnastics Waiver of Liability Relating to Corona Virus/Covid-19)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contact are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Matrix Gymnastics cannot prevent you (or your child/children) from becoming exposed to, contracting, or spreading COVID-19 while utilizing Matrix Gymnastics LLC's services or premises. It is not possible to prevent against the presence of the disease. There, if you chose to utilize Matrix Gymnastics LLC's services and/or enter onto Matrix Gymnastics premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19

ASSUMPTION OF RISK: I have read and understand the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Matrix Gymnastics LLC's services and enter Matrix Gymnastics LLC's premises. These services are of such value to me (and/or to my children.) that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Matrix Gymnastics LLC's services and premises in person.

WAIVER OF CLAIMS/LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring claims and/or lawsuits against Matrix Gymnastics and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with any exposure, infection, and/or spread of COVID-19 related to utilizing Matrix Gymnastics LLC's services and premises. I understand that this waiver means I give up my rights to bring any claims including claims of personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

This Release is a binding contract which shall in all respects be interpreted, enforced and governed by and under the laws of the State of California.

I understand and agree that I have been provided ample time and opportunity to review this Release, in the absence of coercion or duress, and with the opportunity to seek input or advice from independent advisors regarding the meaning and impact of the above terms and provisions.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISKS AND WAIVE THE RIGHTS CONCERNING LIABILITY DESCRIBED ABOVE:

Name (printer): _____ DOB _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature _____ Date: _____

Name (printer): _____