

2002 UCLA Bruins Gymnastics Camp Registration Form

To register, you must submit the following:

- 1). The completed application, making sure the Release Agreement is signed by the camper's parent/guardian. Incomplete forms will be returned unprocessed.
- 2). For registrations after June 1, full payment is required.
- 3). If applicable, the person paying for the camp must submit a photocopy of your UCLA Alumni Association membership card or UCLA Faculty/Staff ID to qualify for the \$25 discount. Upon receipt of your application and payment, a confirmation letter will be sent to you.

Please print, fill out, and mail OR fax to:

**UCLA Sports Camps
P.O. Box 24044
Los Angeles, CA 90024
Fax # 310-206-7527**

PARTICIPANT:

First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip:	<input type="text"/>
Phone:	<input type="text"/>		
Grade in school (as of October 2002)	<input type="text"/>		
Birthdate:	<input type="text"/>	Age:	<input type="text"/>
USA Gymnastics Level (5-E) or Beginner:	<input type="text"/>		
Teammate Preference:	<input type="text"/>		
Roommate Preference:	MAKE SURE YOUR ROOMMATE ALSO LISTS YOU ON HER APPLICATION <input type="text"/>		

PARENT/GUARDIAN:

Mother/Guardian:

Business Pager Cell Phone

Father/Guardian:

Business Pager Cell Phone

EMERGENCY CONTACT: (other than parent)

Name:

Day phone:

Please check the session(s) you would like to attend:

Day Camp I: **June 24-28**

\$290 - Camp

\$60 - Aftercare

Day Camp II: **July 15-19**

\$290 - Camp

\$60 - Aftercare

Overnight Camp: **July 7-11**

\$440 - Resident

\$350 - Commuter

PAYMENT: (Discount for UCLA Faculty/Staff/Alumni Association is less \$25 per session)

UCLA Alumni Association or Faculty/Staff Discount Full Payment

CHECK-Payable to "UC Regents-GYM" (*Include camper's name on check. There is a \$25 returned check fee.*)

Amount \$:

CREDIT CARD (*Credit Card payments must be paid in full*)

Amount \$:

Please charge my: Visa Mastercard (Visa or MC only)

VISA/MC #

Exp. Date:

Cardholder's Name: *(Print)*

Cardholder's Signature:

MEDICAL INFORMATION

Allergies:

Current Medications:

Date of Last Tetanus Booster:

Pertinent Medical History:

Family Doctor: Phone:

Policy Holder's Name:

Insurance Co. (REQUIRED):

Policy No. (REQUIRED):

I give UCLA Sports Camps' Medical Staff permission to give my child Tylenol or ibuprofen, if needed.

Signature: _____

How did you hear about this camp? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Attended last year | <input type="checkbox"/> Magazine Ad (which one?) _____ |
| <input type="checkbox"/> UCLA Game/Event | <input type="checkbox"/> Camp Directory (which one?) _____ |
| <input type="checkbox"/> UCLA Schedule Card/Poster | <input type="checkbox"/> Phone Directory |

Friend Website (which one?) _____

Coach Other _____

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT

I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application and I verify that the coverage information attached herewith is accurate and true.

In the case of an emergency and if I cannot be reached, I authorize the staff of the UCLA Department of Intercollegiate Athletics to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent/guardian of the minor _____ and I am signing this Release on behalf of said minor.

Parent/Guardian Signature / Date

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in UCLA Sports Camp, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in UCLA Sports Camp.

Signature of Parent of Minor / Date

Assumption of Risks:

Participation in UCLA Sports Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in UCLA Sports Camp. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs,

expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in UCLA Sports Camp and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully **understand its terms, and understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent of Minor Date