

Summer 2021 Boys Bobcat Middle School Gymnastic Camps

These camps are for incoming 6th, 7th, and 8th graders. Camps will help prepare you to be a Bobcat gymnast or give you the strength, balance, and flexibility to perform better in any other sport. There will be 2 sessions, each session will be Tuesday through Thursday, 1pm to 3pm. Each session is \$50. If you have any questions please contact Coach Kern Arrott, at kern.arrott@saisd.org or 325-277-3992.

Session 1. June 8th-10th _____

Session 2. June 15th-17th _____

Please check the session or sessions that you will be taking.

Student's name: _____ School: _____ Grade: _____

Parent's name: _____

Email: _____

Phone #: _____

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

I/We fully understand and will instruct the participant that:

1. There are risks and dangers associated with participation in gymnastics events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death.
2. The social and economic losses and/or damages which could result from those risk and dangers above could be severe.
3. Those risks and dangers may be caused by the negligence of the participant or the negligence of others.
4. There may be other risk not known to us or are not reasonably foreseeable at this time.

IT IS UNDERSTOOD THAT EVENTHOUGH SAFETY PRECAUTIONS ARE TAKEN, THE POSSIBILITY OF AN ACCIDENT STILL REMAINES. THE SAISD ASSUMES NO RESPONSIBILITY IN CASE AN ACCIDENT OCCURS.

If, in the judgement of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do herby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse or school representative, and I do herby agree to indemnify and save harmless the school and any school representative from any claim by and person whomsoever on account of care and treatment of said student. I believe that the above student is in adequate physical condition to participate in gymnastics.

DATE: _____ SIGNATURE of PARENT/GUARDIAN: _____