



Hello Parents,

We are pleased that you have enrolled your child (children) in one of the fun and educational summer day camp programs at Gryphon Fitness Studio. It is our goal that the students learn in a safe and supportive environment. We want their experience to be positive!

This letter will describe some of the actions you can take to prepare your child (children) to help make their time at camp most beneficial.

- 1) **Dress for success;** Kids should be dressed for light athletic activity-- sneakers, socks, athletic shorts, and a t-shirt.
- 2) **Eat, drink and be ready;** Kids need to have eaten a nutritious meal before arriving at the studio. They should also drink 8 to 12 ounces of water or juice before camp.
- 3) **Pack a snack (and water);** The studio can be warm in the summer months, so we take frequent water breaks. Everyday please send a water bottle with your child's name to camp. Also send them with a light snack (pretzels, crackers, etc). We have cold beverages and snacks for sale at the studio, so you could send them with a few dollars to purchase these items.

Attached you will find student contact and medical information forms as well as a waiver. Please fill these out and bring them with you on the first day of camp. If your child has any special medical or learning needs, please share them with the instructors.

Many parents drop their children at the studio and return to pick them up. However, parents are welcome to stay and watch their children for all or some of the program. We have a seating area for parents adjacent to the exercise floor as well as free Wi-Fi. On the Friday of fencing camp, the students will participate in a fun tournament using the electric scoring gear. Parents are welcome to watch and cheer on the children at this event.

We look forward to presenting your child (children) with a fun and informative camp experience. If you have any questions, please feel free to contact me via email or by calling (714)519-1343.

Sincerely,

Eric Holmgren  
Head Coach, Gryphon Fencing & Fitness Studio  
971 Via Rodeo Placentia, CA 92870  
Email: [info@gryphonfencing.com](mailto:info@gryphonfencing.com)



## YOUTH REGISTRATION

**Print Legibly** *Please fill out one form per child*

### ENROLLMENT

Class or Program	Session/Dates	Fee

### PERSONAL INFORMATION

Child's Name: First Last M.I. Birth date: MM/DD/YYYY

Address: Street City State Zip

School Entering Grade Age Sex (M or F)

Parent/Guardian First Last

Day Phone Cell Phone Email Address

**Local Emergency Contact:** *different from #1 & #2 above* First Last

Day Phone Cell Phone

### **CAMPER PICK UP AUTHORIZATION** *(Please list those authorized other than Parent/Guardian listed above)*

Parent/Guardian Authorization Signature \_\_\_\_\_

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_



### Youth Programs Medical Consent Form

I (we), the undersigned parent(s), or legal guardian of (Name of Child) \_\_\_\_\_, do hereby request that he/she be permitted to attend the Gryphon Fitness Studio's Youth Programs and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the supervision of a licensed physician. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the licensed physician in the exercise of his/her best judgment may deem advisable.

It is understood that, if possible, effort shall be made to contact the undersigned prior to rendering treatment but that any of the above treatments will not be withheld if the undersigned cannot be reached in a timely manner. I (we) will not hold liable Gryphon Fitness Studio, its officers, employees, or agents for medical aid or first aid rendered and will be solely responsible for all medical or other expenses incurred in the care of my child.

I authorize release of information on this form to any licensed physician, hospital or medical staff member involved in the treatment or care of my child.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

#### Medical Information:

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications \_\_\_\_\_

Pertinent Medical History \_\_\_\_\_

Allergies \_\_\_\_\_

#### Insurance Information (Required)

Insurance Company \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy Number \_\_\_\_\_

#### Parent/Guardian Release

I am the parent or legal guardian of \_\_\_\_\_ and I have read and understood and agree to the terms and conditions of this application and I am signing this release on behalf of said minor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

Signature of Participant	Date
Participants Age (if minor)	