

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



## **YOUTH REGISTRATION**

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

## **ENROLLMENT**

	Class or P	Session/Dates			Fed		
PERSONAL INFO	<u>ORMATION</u>						
					D'al- d-		00001
Child's Name:	First	Last		M.I.	Birth da	te: MM/DD	/ * * * * *
Address:	Street	Street			State		Zip
	<b>3</b> 3.000		O.C.	City			6
School			Enter	Entering Grade		Sex (M	or F)
				_	_	-	
Parent/Guardian	First		Last				
Day Phone	Cell Phone			Email Address			
Land Francisco Co	and add different from #1	0 #2 =5===	Final				
Local Emergency Co	ontact: different from #1	& #2 above	First	Lõ	ast		
Day Phone		Cell P	hono				
Day Flione		Celi r	none				
CAMPER PICK	UP AUTHORIZATIO	N (Please list t	hose authorized o	ther than Pare	nt/Guardian li	sted abov	re)
Parent/Guardiar	n Authorization Signat	ure					
		· · · · · ·					
1	Phone						

2.\_\_\_\_\_\_Phone\_\_\_



## **Youth Programs Medical Consent Form**

I (we), the undersigned parent(s), or legal guardian of (Name of Child)	and should the need arise, I diagnosis and treatment ation is given in advance of uthority and power to
It is understood that, if possible, effort shall be made to contact the undersigned prior to rethat any of the above treatments will not be withheld if the undersigned cannot be reache (we) will not hold liable Gryphon Fitness Studio, its officers, employees, or agents for med and will be solely responsible for all medical or other expenses incurred in the care of my of	ed in a timely manner. I lical aid or first aid rendered
I authorize release of information on this form to any licensed physician, hospital or medic the treatment or care of my child.	cal staff member involved in
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 and agree to the terms and conditions of this application and I am signing this reminor.	
Parent/Guardian Signature: Date:	

Participant's Name:_	
P	lease Print

Signature of Participant

Date

## GRYPHON FITNESS STUDIO- Youth Programs Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Gryphon Fitness Studio's Youth Programs. Including but not limited to participating in Learn to Fence Camp, Youth Variety Activity Camp, Other Youth Programs or other Drop-in Activities, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Gryphon Fitness Studio LLC, its officers, employees, and agents from liability from any and all claims including the negligence of Gryphon Fitness Studio LLC, 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 The Activity.

**Assumption of Risks:** Participation in The Activity 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.

Signature of Parent/Guardian of Minor Date

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. 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 Gryphon Fitness Studio LLC 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 The Activity 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/Guardian of Minor	Date	Signature of Participant	Date
		Participants Age (if minor)	