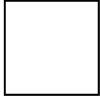


Kamp Kawabunga Registration Form 2010



Date Received

Campers' Name _____ Birthday ____/____/____ M / F
 Address _____
 City _____ State ____ Zip _____ Home Phone _____
 Mother's Name _____ Employer _____ Wk Phone _____
 Father's Name _____ Employer _____ Wk Phone _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Email Address(es) _____
 Emergency Contact _____ Phone _____ - _____ - _____
 Names of those authorized to pick up your child from camp: _____
 Does your child have any medical or physical limitations? (if yes, please explain below) _____
 Food Allergies? _____
 Is child currently taking medication? If so, what? _____

Kamp Kawabunga must have a copy of current immunization records for each camper.

Circle for Permission: Walking activities within a 2 mile radius of gym (Y) (N)

Please X days you will be at- tending.	Wk 1 June 14-17	Wk 2 June 21-24	Wk 3 June 28-1	Wk 4 July 5-8	Wk 5 July 12-15	Wk 6 July 19-22	Wk 7 July 26-29	Wk 8 Aug 2-5	Wk 9 Aug 9-12	Wk 10 Aug 16-19	Wk 11 Aug 23-26
Monday											
Tuesday											
Wednesday											
Thursday											
Total Amount due for week.											
Total amount paid											

This box
for office
use only.

Camp Authorization:

Liability Waiver and Indemnity Agreement. As conditions of the participation of the student described above ("my child") in any of the programs conducted by Midwest Twisters Gymnastics including but not limited to tumbling, gymnastics, cheerleading, fitness inflatables, classes, rock climbing, kamp events and zip line, whether conducted on or off the premises of Midwest Twisters Gymnastics, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against Midwest Twisters Gymnastics, its officers, directors, shareholders, employees, agents and insurers (collectively, "Midwest Twisters"), and any owners or lessors of the premises and any equipment used in connection with any programs of Midwest Twisters, arising out of our child's participation in any of the programs of Midwest Twisters whether on or off Midwest Twisters Gymnastics premises, or travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with Midwest Twisters.
4. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member, we further agree to indemnify Midwest Twisters Gymnastics for its liability including all costs, fees, and expenses incurred by Midwest Twisters in connection with such liability.
5. We reserve the right to use your or your child's image or likeness in any Midwest Twisters promotional material.

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Agreement to Pay: I agree to pay the full semester's tuition. I understand that there are no credits or refunds for missed or cancelled classes.

Acceptance of Rules and Policies: I have read and understand Midwest Twisters Gymnastics rules and policies and agree to abide by them through the course of my, and my family's involvement with the program.

Signature _____ Date _____

Checks payable to: Midwest Twisters

**Midwest Twisters' Kamp Kawabunga
Authorization to Administer Medication**

Use of this form: Completion of this form meets the requirements of HFS 45.06(6)(d)1.a, HFS 46.07(6)(f)1.a. and HFS 55.44(6)(e)1.a., Wis.Adm Codes.

Instructions: Complete this form before any medication is administered. Place form in child's file when medication is no longer required/authorized.

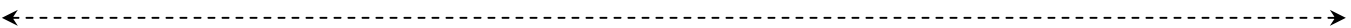
Child Name _____ Birthdate (mm/dd/yyyy) _____

<u>Name of Medication</u>	<u>Dosage</u>	<u>Administration Time(s)</u>	<u>Dates for Medication to be Given</u>	
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____

Special Instructions for Administering Medication _____

I hereby authorize administration of the above medication(s) to my child by staff of Midwest Kamp.

Parent's Signature _____ Date _____



**Midwest Twisters' Kamp Kawabunga
Authorization to Administer Medication**

Use of this form: Completion of this form meets the requirements of HFS 45.06(6)(d)1.a, HFS 46.07(6)(f)1.a. and HFS 55.44(6)(e)1.a., Wis.Adm Codes.

Instructions: Complete this form before any medication is administered. Place form in child's file when medication is no longer required/authorized.

Child Name _____ Birthdate (mm/dd/yyyy) _____

<u>Name of Medication</u>	<u>Dosage</u>	<u>Administration Time(s)</u>	<u>Dates for Medication to be Given</u>	
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____

Special Instructions for Administering Medication _____

I hereby authorize administration of the above medication(s) to my child by staff of Midwest Kamp.

Parent's Signature _____ Date _____