

CIT APPLICATION FORM 2024

181 Wheeler Ct, Suite C, Langhorne, PA 19047
215-757-0111 info@dynamixgymnastics.com



CIT INFORMATION:

CIT Name _____

Age _____ DOB _____ / _____ / _____ Gender Male / Female

CIT Cell Phone # _____ CIT/Parent Email _____

CIT Grade _____ CIT School _____

Current Member YES / NO

Parent/Guardian Name _____ Relation _____

Email _____ Phone (c) _____ (h) _____

Have you ever attended Dynamix Camp? _____

Why do you want to be a CIT?

Do you have any childcare experience? (Babysitting siblings/cousins)

What would you do if a younger camper was crying because they missed their parents?

Why do you think you would be a great fit for the CIT program?

Office use only.

Call Date _____

Interview Date _____

Accepted/Decline _____

Input _____

Process _____

Confirmed _____

CIT Enrollment Options:



1. Our CIT program will be held during our 10 weeks of summer camp. Each CIT, if accepted, would be eligible to participate for up to 3 weeks per summer.
2. A Membership fee will be applied to camp cost if your gymnast is new to Dynamix or if membership expired before camp week ends.

Camp Dates/Costs: *Check the boxes next to weekly cost to choose your weeks. Check the box if you would like to do Chick-fil-a lunch.*

	Camp Dates	Weekly Cost	Lunch <i>Chick-fil-A Thursdays</i>	Lunch <i>Pizza Fridays</i>	SUB TOTAL
WK 1	June 17-21	\$150	\$8	Free	\$ _____
WK 2	June 24-28	\$150	\$8	Free	\$ _____
WK 3	July 1-3 <small>(3 days only)</small>	\$60			\$ _____
WK 4	July 8-12	\$150	\$8	Free	\$ _____
WK 5	July 15-19	\$150	\$8	Free	\$ _____
WK 6	July 22-26	\$150	\$8	Free	\$ _____
WK 7	July 29-Aug 2	\$150	\$8	Free	\$ _____
WK 8	Aug 5-9	\$150	\$8	Free	\$ _____
WK 9	Aug 12-16	\$150	\$8	Free	\$ _____
WK 10	Aug 19-23	\$150	\$8	Free	\$ _____
Membership					
SUB TOTAL					

AM & PM Care: *Use the drop down button to choose the week. Use the check box to choose individual days for AM & PM Care.*

	AM Care						PM Care						
	WK	M	T	W	TH	F	WK	M	T	W	TH	F	
	10 per day/40 per week						13 per day/55 per week						
WK 1	\$40	\$10	\$10	\$10	\$10	\$10	\$55	\$13	\$13	\$13	\$13	\$13	\$ _____
WK 2	\$40	\$10	\$10	\$10	\$10	\$10	\$55	\$13	\$13	\$13	\$13	\$13	\$ _____
WK 3	\$30	\$10	\$10	\$10			\$26	\$13	\$13				\$ _____
WK 4	\$40	\$10	\$10	\$10	\$10	\$10	\$55	\$13	\$13	\$13	\$13	\$13	\$ _____
WK 5	\$40	\$10	\$10	\$10	\$10	\$10	\$55	\$13	\$13	\$13	\$13	\$13	\$ _____
WK 6	\$40	\$10	\$10	\$10	\$10	\$10	\$55	\$13	\$13	\$13	\$13	\$13	\$ _____
WK 7	\$40	\$10	\$10	\$10	\$10	\$10	\$55	\$13	\$13	\$13	\$13	\$13	\$ _____
WK 8	\$40	\$10	\$10	\$10	\$10	\$10	\$55	\$13	\$13	\$13	\$13	\$13	\$ _____
WK 9	\$40	\$10	\$10	\$10	\$10	\$10	\$55	\$13	\$13	\$13	\$13	\$13	\$ _____
WK 10	\$40	\$10	\$10	\$10	\$10	\$10	\$52	\$13	\$13	\$13	\$13		\$ _____

PAYMENT INFORMATION:

A credit card is required to be on file for any additional options or if any late fees may occur. (AMEX Not Accepted)

CASH CHECK DEBIT/CREDIT CARD CARD ON FILE

Card # _____ EXP ____/____ Zip _____

Name on Card _____ Signature _____

POLICIES:

By Initialing and Signing below I acknowledge and accept all policies.

_____ CANCELLATION POLICY: All requests for cancellations MUST BE MADE IN WRITING before June 1, 2024. All monies paid will be credited to your Dynamix account (not refunded). After June 1, 2024 no credits/refunds of any kind will be given, regardless of the nature of the cancellation.

_____ LATE FEES: Campers not picked up within 15 minutes of their scheduled pick up time will be charged a late fee of \$5 per every fifteen minutes late to your account. Campers enrolled in PM Care who are not picked up by 5:00 pm will be charged a late fee of \$1 per minute to your account.

_____ TRANSFER FEES: Pending/approval of availability. All transfers will incur a \$30 transfer fee.

By signing below I acknowledge and accept all policies above.

Parent/ Guardian Signature _____ Date _____

Participant Name: _____ **DOB** ____/____/____

Dynamix Gymnastics Emergency Contact/Medical Release Form

Medical Info/Allergies/Special Needs:

List any allergies/major medical needs.

Medication to be administered	Allergy/Medical/Spec Needs	Symptoms	Course of action

Emergency Contact:

List authorized pick up emergency contacts for your child in the order to contact (not including parents).

First & Last Name	Cell Phone	Relation

I authorize Dynamix Gymnastics Staff to obtain emergency care for my child.

Parent Signature _____ Date _____

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

I have elected to allow my minor child under the age of 18 ("Participant") to participate in the gymnastics classes and events offered by Dynamix Gymnastics ("Dynamix") at 181 Wheeler Ct, Suite C, Langhorne, PA 19047 ("Premises"). As a condition to the Participant's participation in the foregoing activity (the "Program"), and for other good and valuable consideration described herein, I hereby acknowledge and agree to the following:

- 1. I understand and acknowledge that the Program involves intense physical activity, which can be dangerous and may expose the Participant to a variety of risks, dangers and hazards including, but not limited to, bodily injury, strains, partial and/or total paralysis, other ailments that could cause serious disability, or death. I understand that the injuries at risk include broken bones, muscle tears and sprains, and other orthopedic injuries, as well as cardiovascular problems, or other serious injuries that could cause temporary or permanent disability or death. I understand that these risks and dangers may be caused by the negligence of Dynamix, the negligence of the Premises at which the Program is located, the negligence of the Participant or other participants, the negligence of others, as well as accidents or other dangers that are integral to recreational or athletic activities.
- 2. I represent that the Participant is qualified, in good health, and in proper physical condition to participate in the Program. If I believe the Program is unsafe for the Participant, I will immediately stop Participant's participation. I hereby knowingly and voluntarily assume any and all such risks, including presently unknown or unforeseeable risks, and voluntarily assume all responsibility for losses, costs, and damages resulting from Participant's participation in the Program. I understand that Dynamix makes no representations or warranties of any kind about the skills or qualifications of the other participants in the Program or of the owners and/or operators of the Dynamix or the Premises at which the Program may be offered.
- 3. By my signature below, I hereby forever release and discharge Dynamix, its respective owners, officers, directors, employees, administrators, agents, staff members, successors and assigns ("Releasees"), on behalf of myself and my family, personal representatives, assigns, heirs, and next of kin, to the fullest extent permitted by law, from any and all liability, claims, demands, losses, responsibilities, costs or damages, however caused, whether related to property damage and/or personal injury or death, and whether based on tort, intentional act, strict liability, negligence, and/or negligent rescue, and whether or not it is the result of the negligence of the Releasees or otherwise, which the Participant or I may suffer while participating in the Program at the Premises or as a spectator in the Program. I authorize each of the Releasees to take whatever action is necessary, in their best judgment, in an emergency and I hereby release and discharge the Releasees from any responsibility or liability related thereto. I will indemnify, defend and hold harmless each of the Releasees from any claim, expense, attorney's fees, loss, liability, damage, attendance thereat to the fullest extent permitted by law.
- 4. I acknowledge that I have read the rules and regulations governing the use of the Premises. I agree that the Participant and I will fully comply with all rules and regulations and with any amendments.
- 5. I further understand that in order to promote the safety of Dynamix's employees and visitors, as well as the security of the Premises, Dynamix will conduct video surveillance of any portion of the Premises at any time, the only exception being private areas of restrooms and that video cameras will be positioned in appropriate places within and around the Premises and used in order to help promote the safety and security of people and property. I hereby give consent on behalf of myself and the Participant to such video surveillance.
- 6. I hereby grant Dynamix Gymnastics permission to use my and/or the Participant's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon Dynamix Gymnastics for reimbursement for use of this material.
- 7. I have read this agreement, fully understand its terms, understand that I have given up substantial rights for myself and my heirs by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I recognize that Dynamix has agreed to allow the Participant to participate in the Program on the condition that I sign this agreement, and I agree to be bound by its terms. I have signed this agreement in consideration of the benefits the Participant will receive from participating in the Program.

Signature of Parent or Legal Guardian _____ Printed Name of Parent or Legal Guardian _____

Printed Name of Participant _____ Date _____

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of the Dynamix Gymnastics program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Dynamix Gymnastics their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,
- 5. I understand that coaches may/will need be in physical contact when spotting skills, training and other general coaching duties.
- 6. I understand Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Dynamix Gymnastics programs or accessing Dynamix Gymnastics facilities could increase the risk of contracting COVID-19. Dynamix Gymnastics in no way warrants that COVID-19 infection will not occur through participation in Dynamix Gymnastics programs or the facility.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I ACKNOWLEDGE THAT I HAVE RECEIVED THE GUIDELINES AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT THE GUIDELINES MAY CHANGE AT ANY TIME BASED ON INDUSTRY, FEDERAL, STATE OR LOCAL MANDATES OR RECOMMENDATION.

Name of Participant: _____ Participant/Parent/Guardian Signature: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Participant: _____ Participant/Parent/Guardian Signature: _____ Date: _____