



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 breakfast before arriving at the studio in the morning. 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 at 12:30 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.

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 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: _____

Participant's Name: _____
Please Print

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.

Signature of Parent/Guardian of Minor Date

Signature of Participant

Date

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.

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) _____