Gold Coast Gymnastics Summer Camp Registration 2016

Parent/Guardian Signature

	Deposit Paid Leotard Given	
First initial last name		Allergies

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For Office Use Only Personal Information (please use a separate form for each camper)			
Child's Name Sex	Date of Birth		
Address: City	Zip Code		
Phone Number E-Mail			
Medical, physical, mental or emotional complications? YES	NO Allergies? YES NO		
If YES, please explain			
Mother's Name Work Phone	Cell		
Father's Name Work Phone	Cell		
Emergency Contact Person	Phone		
The following individuals have permission to pick-up my child/children from camp:			
Name:Phone:_			
Name:Phone:_			
Camp Information			
Tuition: Full-day camp is \$200 per week. Half-day camp is \$150 per week. A 10% discount applies for your second, third, etc. child attending the same week.			
Dates: (Please place an X in the space provided for the week camper will be attending)			
June 27 - July1 July 11 - 15 July 18 - 22 July 25 - 29			
Aug. 8- 12 Aug. 15- 19 (with enough sign-ups)			
Half-Day Camp Full-Day Camp			
Will you need Early Drop-Off (8:00-9:00 AM)YES Dates			
ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABIL	ITY, MEDICAL AUTHORIZATION		
By permitting my child to participate in Gold Coast Gymnastics understand and acknowledge that participation in gymnastics and and hereby release Gold Coast Gymnastics, it's owners, employed any and all personal injury claims arising through or from partic Gymnastics in or upon the premises of Gold Coast Gymnastics. physical before participation in any sport, for the benefit of your	d tumbling involves a certain degree of risk, ees, and volunteers, jointly and separately, from ipation in activities as a student of Gold Coast Gold Coast Gymnastics recommends a doctor's		

Date