



## Summer Camp Registration Form 2023

### Camper Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address:

\_\_\_\_\_ City:

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Information:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Medical Needs/Allergies and anything else camp instructors need to know about your child:

\_\_\_\_\_

\_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Disclosure, Waiver, and Release of Liability:

In consideration of Alagymnastics accepting my child into participation and training in gymnastics, I (\_\_\_\_\_) parent/guardian of (\_\_\_\_\_) hereby acknowledge that this participating and training involves a greater than normal risk of injury. I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connection with the participation in gymnastics classes, programs, lessons or meets.

I give permission to Alagymnastics and/or appropriate medical facility to make whatever emergency first aid, disaster evacuation, etc. measures as judged necessary for the care and protection of my child while under the supervision of Alagymnastics.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deem it necessary. The child will be transported at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. **Warning!** Catastrophic injury, paralysis or even death can result from the improper conduct of the activity.

I hereby consent and authorize Alagymnastics to use photographs, and or other likenesses of myself and or my child or children for whom I have legal guardianship, for any promotional materials regarding Alagymnastics programs, facilities or services.

**I also give permission to use such photographs and or other likenesses of myself, my child or children, for whom I have legal guardianship on the Alagymnastics website.**

YES \_\_\_\_\_ or NO \_\_\_\_\_

#### Payment Policy & Termination Notice:

**If paying with a credit/debit card, there will be a 4% processing fee! All fees are non-refundable!**

**NO MAKE UP DAYS!**

#### TUITION POLICY

##### Sibling Discounts:

2<sup>nd</sup> child= 10% off

3<sup>rd</sup> child =10% off

Parents/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION FORM

*All information will remain confidential.*

I hereby authorize Alagymnastics to initiate entries to my credit card account,  
and, if necessary, initiate adjustments for any transactions credited in error.

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Email:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Signature) (Date)

Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Credit card charges will begin on: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Month Day Year

Authorization Until Revoked: \_\_\_\_\_

Customer Initials

One Time Payment: \_\_\_\_\_

☐ June 8-9  
☐ June 12-16  
☐ June 19-23  
☐ June 26-30  
☐ July 3-7  
☐ July 10-14  
☐ July 17-21  
☐ July 24-28  
☐ July 31-4

☐ Aug 7-11  
☐ Aug 14-18  
☐ Aug 21-25  
☐ Aug 28-1  
☐ Sep 4-8  
☐ Sep 11-15  
☐ Sep 18-22  
☐ Sep 25-29

- Half Day: 8:30 am - 3:00 pm
- Full Day: 8:30 am - 5:30 pm
- Lunch \$10

### **Camp pricing:**

Half day 8:30am - 3:00 pm. Monday – Friday (one week) - \$250  
Full day: 8:30 am - 5:30 pm. Monday – Friday (one week) - \$300

Daily rate for camp:

- Half Day - \$85
- Full Day - \$100

Discount: 2nd and 3rd child- 10% off