



Camp Registration Form 2026

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:

Insurance: _____ Policy Number: _____

Medical

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:

Reservation is processed only with full payment!

If paying with a credit/debit card, there will be 4% processing fee!

All sales are final!

All fees are non-refundable!

NO MAKE UP DAYS FOR SICK DAYS!

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 1-5
- June 8-12
- June 15-19
- June 22-26
- June 29-Jul 3
- July 6-10
- July 13-17
- July 20-24
- July 27-31
- Aug 3-7
- Aug 10-14
- Aug 17-21
- Aug 24-28

Time Options

- Half Day: 8:30 am - 3:00 pm
- Full Day: 8:30 am - 5:30 pm

Camp pricing:

Half day 8:30 am - 3:00 pm. Monday – Friday (one week) - \$275

Full day: 8:30 am - 5:30 pm. Monday – Friday (one week) - \$325

Daily rate for camp:

- Half Day - \$95
- Full Day - \$110

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