

## SUMMER CAMP REGISTRATION FORM

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Camper's Name \_\_\_\_\_

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Date of birth \_\_\_\_\_ Home phone \_\_\_\_\_ T-shirt size \_\_\_\_\_

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Street Address \_\_\_\_\_

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City/State/Zip \_\_\_\_\_

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Parent(s) Names \_\_\_\_\_

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Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

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Email address \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency contact (if parents are unreachable) \_\_\_\_\_

Emergency contact # \_\_\_\_\_

Please list all medications, allergies, and other important medical issues of which our staff needs to be aware: \_\_\_\_\_  
\_\_\_\_\_

### **RELEASE**

I (we the undersigned student, parent, or legal guardian or student of Legacy Gymnastics Academy) for and in consideration of my enrollment or the enrollment of my child or a student for whom I have been granted legal custody hereby voluntarily and knowingly execute the Release with the expressed intention of affecting the extinguishment of and complete release from any and all claims, demands, or causes of action, I or my child and/or legal ward may have against Legacy Gymnastics Academy, its instructors, agents, or employees, relating to injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward in the various programs of instruction, practice, and physical activity associated with the study of ballet, gymnastics, and related activities conducted by the Legacy Gymnastics Academy,

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF CAMPER WILL NOT BE ATTENDING THE FULL WEEK, PLEASE CIRCLE THE DAYS DESIRED: MON TUE WED THU FRI**

**CHECK SESSION(S) DESIRED:**

\_\_\_ SESSION 1 (June 6-10)    \_\_\_ SESSION 5 (July 11-15)  
\_\_\_ SESSION 2 (June 13-17)    \_\_\_ SESSION 6 (July 18-22)  
\_\_\_ SESSION 3 (June 20-24)    \_\_\_ SESSION 7 (July 25-29)  
\_\_\_ SESSION 4 (June 27-July 1)    \_\_\_ SESSION 8 (Aug 1-5)  
   \_\_\_ SESSION 9 (Aug 8-12)

**FOR OFFICE USE ONLY**

**TOTAL TUITION OWED: \_\_\_\_\_ DATE PAID: \_\_\_\_\_**

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