

# SUMMER CAMP REGISTRATION FORM

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

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

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

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

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

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

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 14--18) \_\_\_\_ SESSION 5 (July 19-23)  
 \_\_\_\_ SESSION 2 (June 21 -- 25) \_\_\_\_ SESSION 6 (July 26-30)  
 \_\_\_\_ SESSION 3 (June 28 – Jul 2) \_\_\_\_ SESSION 7 (Aug 2 - 6)  
 \_\_\_\_ SESSION 4 (July 12-16) \_\_\_\_ SESSION 8 (Aug 9 - 13)

FOR OFFICE USE ONLY  
 TOTAL TUITION OWED: \_\_\_\_\_ DATE PAID: \_\_\_\_\_  
 METHOD OF PMT: \_\_\_\_\_

# SUMMER CAMP REGISTRATION FORM

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

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

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

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

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

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

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 14--18) \_\_\_\_ SESSION 5 (July 19-23)  
 \_\_\_\_ SESSION 2 (June 21 -- 25) \_\_\_\_ SESSION 6 (July 26-30)  
 \_\_\_\_ SESSION 3 (June 28 – Jul 2) \_\_\_\_ SESSION 7 (Aug 2 - 6)  
 \_\_\_\_ SESSION 4 (July 12-16) \_\_\_\_ SESSION 8 (Aug 9 - 13)

FOR OFFICE USE ONLY  
 TOTAL TUITION OWED: \_\_\_\_\_ DATE PAID: \_\_\_\_\_  
 METHOD OF PMT: \_\_\_\_\_

# SUMMER CAMP REGISTRATION FORM

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

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

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

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

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

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

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 14--18) \_\_\_\_ SESSION 5 (July 19-23)  
 \_\_\_\_ SESSION 2 (June 21 -- 25) \_\_\_\_ SESSION 6 (July 26-30)  
 \_\_\_\_ SESSION 3 (June 28 – Jul 2) \_\_\_\_ SESSION 7 (Aug 2 - 6)  
 \_\_\_\_ SESSION 4 (July 12-16) \_\_\_\_ SESSION 8 (Aug 9 - 13)

FOR OFFICE USE ONLY  
 TOTAL TUITION OWED: \_\_\_\_\_ DATE PAID: \_\_\_\_\_  
 METHOD OF PMT: \_\_\_\_\_