

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: _____