



# Summer Gym Fun Camp

Mother's Name \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phones	Father's Phones
Hm _____	Hm _____
Cell _____	Cell _____
Wk _____	Wk _____

Students Name \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_  
 Students Name \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_  
 Students Name \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_  
 Students Name \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_

June				July			
1	8	15	22	6	13	20	27

### Acknowledgment of Risk and Release

As parent or legal guardians of the above named persons, I hereby give my consent to participate in the programs of Phoenix Gymnastics and Dance Academy. I understand that any activity involving height, motion and rotation involve certain inherent risks including paralysis or death. I understand that it is the express intent of the Phoenix Gymnastics and Dance Academy to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever waive and release Phoenix Gymnastics Academy Inc, it's officers, employees, teachers and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Phoenix Gymnastics Academy, Inc.

I confirm that the above named persons are in good health and have no known physical impairments that would cause harm to the above named persons by participation in this program. I also agree to individually provide for the possible future medical expenses which may be incurred by my child while training at, or performing for Phoenix Gymnastics & Dance Academy.

### Payment Policies

I understand that a \$50.00 deposit for each week is required to hold my child's place in the Summer Fun Day Camp Program. The deposit is fully refundable up to 1 week prior to the start of camp. All balances are due in full 1 week prior to the start of camp. When you enroll your child, in camp, you are paying for your child's place in camp for a specified week. We do not prorate, or carry credit forward for days that your child does not attend.

I have read and understand the Emergency Medical / Release Form and Payment policies and give my consent for my child to participate in the program offered by Phoenix Gymnastics Academy, Inc.

**Field Trip Permission** I understand that from time to time the Summer Fun Day Camp will take field trips. Parents will be notified of where and when these trips will take place and are always welcome to attend. Students traveling will travel in personal cars or vans of the staff and will be required to wear 1 seat belt per person.

Initials: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation to participant \_\_\_\_\_

1) Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ 2) Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Please list any medical conditions that we should be aware of that may affect the performance or well being of the child in the Summer Fun Day Camp \_\_\_\_\_

Current Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Previous Experience Y N \_\_\_\_\_ Where \_\_\_\_\_ How Long \_\_\_\_\_