

Early Registration for the Month of March!

Summer Camp 2020

\$175/ week if you register in March

June 15-19 9am-4pm

June 22-26 9am-4pm

June 29-july 3 9am-4pm

July 6-10 9am-4pm

July 13-17 9am-4pm

July 20-24 9am-4pm

July 27-31 9am-4pm

August 3-7 9am-4pm

August 10-14 9am-4pm

August 24-28 9am-4pm

**Summer Camp Registration Form
2020**

Athlete's Information
(PLEASE PRINT)

STUDENTS NAME _____

DATE OF BIRTH ____/____/____ **AGE AS OF June 1st, 2020** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE(____) _____ - _____

CHILD'S CELL PHONE (____) _____ - _____

PARENTAL CONTACT EMAIL ADDRESS- WHERE DO YOU WANT TO RECEIVE INFORMATION?

EMAIL ADDRESS _____@_____._____

How did you hear about our program?

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Cell Phone(____) _____ - _____ **Work Phone**(____) _____ - _____

Father's Name _____

Cell Phone(____) _____ - _____ **Work Phone**(____) _____ - _____

Living with: Mother _____ **Father** _____ **Both** _____

PAID BY: **Cash** _____ **Check #** _____ **CC** _____

Medical Conditions We Should Know About:

Physician's Information

Name _____ **Phone** _____

Parent Insurance Information

Insurance Co: _____

Policy # _____

Emergency Contact If Parents cannot be reached:

Name _____ **Phone** _____

Relationship _____

I/We, the parents of _____ do hereby permit the named student to participate in gymnastics, tumbling, or other physical activities while attending Nor' Eastern Storm LLC./Galaxy Athletics . By granting permission for said student to participate in programs at Galaxy Athletics I/We assume full responsibility for said students personal safety and release Nor' Eastern Storm LLC./Galaxy Athletics, it's supervision and employees, whether paid or volunteer, from any and all liabilities that may arise due to injury including death to said student by reason of said student's participation in any activity at Nor' Eastern Storm/Galaxy Athletics or in, which Nor' Eastern Storm LLC/Galaxy Athletics is participating elsewhere:

initialed: _____

I/We understand that there is a personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability, or death:

initialed: _____

I/We declare that this student has been seen by a registered physician within the past 6 months to a year and has been cleared to participate in physical activity including gymnastics and tumbling:

initialed: _____

Parent or Guardian Signature _____

Date _____

Summer Camp Registration Form

Full Day- 9-4:00pm
Half Day- 9-12:30 and 12:30-4

Please check the week/weeks you are enrolling your child and send a deposit for EACH week attending. You may pay in full when registering as well.

WEEK _____

WEEKLY PRICES

_____ Full Week ALL DAY \$175 / **Early Registration (Before April 1)**

_____ \$190 / Full Week Regular Price

_____ Full Week HALF DAY \$125

DAILY PRICES

HALF DAY

Mon Tues Wed Thurs Fri

#Days_____ @ \$ 25.00/half Day_____ AM_____ PM_____

FULL DAY

Mon Tues Wed Thurs Fri

#Days_____ @ \$ 40.00/Day_____

Total Due: _____

Non Refundable \$50 Deposit- Cash_____ Check # _____ CC _____

DATE REC'D _____