

**Summer Camp Registration Form**

**2022**

Athlete's Information

**(PLEASE PRINT)**

**STUDENTS NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **AGE** \_\_\_\_\_

**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?**

\_\_\_\_\_

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**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 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 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 Galaxy Athletics or in, which 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 \_\_\_\_\_

Please check the days you are doing or the full week. If paid tuition by the end of March the discount of weekly camp will be \$185. You may pay in full when registering.

Full Day Hours 9-4

Half Day Hours 9-12:30 or 12:30-4

Please check the week you will be attending.

WEEK 1 June 6-10 \_\_\_\_\_

WEEK 2 June 13-16 \_\_\_\_\_

WEEK 3 June 20-24 \_\_\_\_\_

WEEK 4 June 27-July 1 \_\_\_\_\_

WEEK 5 July 5-8 (closed 7/4) \_\_\_\_\_

WEEK 6 July 11-15 \_\_\_\_\_

WEEK 7 July 18-22 \_\_\_\_\_

WEEK 8 July 25-29 \_\_\_\_\_

WEEK 9 Aug 1-5 \_\_\_\_\_

Week 10 Aug 8-12 \_\_\_\_\_

Week 11 Aug 15-19 \_\_\_\_\_

Week 12 Aug 22- 26 \_\_\_\_\_

Week 13 Aug 29- Sept 2 \_\_\_\_\_

FULL WEEK PAID BY MARCH 31 \_\_\_\_\_ \$185 week \_\_\_\_\_

FULL WEEK \_\_\_\_\_ \$200 week \_\_\_\_\_

HALF DAY Morning \_\_\_\_ Afternoon \_\_\_\_ (circle which days below) \$30.00/half Day \_\_\_\_\_

Mon Tues Wed Thurs Friday

FULL DAY \_\_\_\_\_ (circle which days below) \$50.00/Day \_\_\_\_\_

Mon Tues Wed Thurs Fri

\$50 Deposit- Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_