

BLACK FRIDAY GOBBLE! GOBBLE! CAMP 2015

1. Camper's Name: _____ AGE _____

2. Camper's Name: _____ AGE _____

Parent Name _____ Phone Number _____

Address _____ Email _____

Please indicate the time your camper(s) will be attending an any Extended Care needed:

<u>Camp Dates</u>	<u>Full Day Camp</u>	<u>Half Day</u>	<u>Half Day</u>
<u>(Non Members</u>	<u>\$55/day/child</u>	<u>Morning Only</u>	<u>Afternoon Only</u>
<u>add \$5)</u>	<u>9:00am-3:00pm</u>	<u>\$40/day/child</u>	<u>\$40/day/child</u>
		<u>9:00am- 12:00pm</u>	<u>12:00-3:00pm</u>
Friday, November 27			

Discounts: Receive a \$5 discount for siblings.

Some camp rules:

- We provide them with a snack and a lunch (Pizza) – If your child can not eat pizza please bring in your own lunch
- We provide extended care if you would like to sign up for that. Pick up is from 2:45-3:00pm. Late pickups will be charged \$5 per 10 minutes that they are late.
- Your spot is not reserved until it is paid for. Payment is due in full when you sign up.

Payment: Please check one

Check enclosed: Cash enclosed

Charge: Visa MasterCard AMEX Auto pay

<u>1st child</u>	<u>2nd Child</u>	<u>Totals:</u>
Camp Fee \$ _____	Camp Fee \$ _____	1 st Child \$ _____
Ext. Care \$ _____	Ext. Care \$ _____	2 nd Child \$ _____ 2 nd Child Disc. _____
Total \$ _____	Total \$ _____	Additional Disc. _____
		Total Amount Due \$ _____

I authorize Azarian Gymnastics or its authorized agent to consent to any medical treatment and/or hospital, which is given to the child, listed on this form, under the supervision of a duly licensed physician or trained medical personnel. Also, unless otherwise stated, I understand that my child will be participating in a gymnastics related activity at Azarian Gymnastics. I understand that as with all physical activities, there is a chance for injury. I therefore hold AUSCTC; its employees and its officers harmless should any injury occur.

Azarian US Gymnastics, Inc. does not provide care and well-being and will respectfully decline to complete your FSA form requesting out tax ID, nor will it provide a filled out W-10 upon request.

I agree to allow AUSGTC to use photographs including the above named minor to be used for marketing purposes.

Parent's Signature _____ Date _____