

BLACK FRIDAY GOBBLE! GOBBLE! CAMP 2017

1. Camper's Name: _____ AGE _____

2. Camper's Name: _____ AGE _____

Parent Name _____ Phone Number _____

Address _____ Email _____

<u>Camp Dates</u> <u>(Non Members</u> <u>add \$5)</u>	<u>Full Day Camp</u> <u>\$55/day/child</u> <u>9:00am-3:00pm</u>	<u>Half Day</u> <u>Morning Only</u> <u>\$40/day/child</u> <u>9:00am- 12:00pm</u>	<u>Half Day</u> <u>Afternoon Only</u> <u>\$40/day/child</u> <u>12:00-3:00pm</u>
Friday, November 24			

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. Please inquire for more info. 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. No refunds will be given once payment is made and spot is reserved. **NO EXCEPTIONS!**

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 _____