

# APRIL SHOWERS SPRING CAMP 2017

1. Camper's Name: \_\_\_\_\_ AGE \_\_\_\_\_
2. Camper's Name: \_\_\_\_\_ AGE \_\_\_\_\_
3. Camper's Name: \_\_\_\_\_ AGE \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

DAYS OFFERED (PLEASE CIRCLE)	Full Day \$55/day/child (non members \$60) 9:00am-3:00pm	Half Day \$40/day/child (non members \$45) 9:00am-12:00pm
3    4    5    6    7		

Discounts: Receive a \$5 discount for siblings. Get 10% off for all 5 days of sign up!

Some camp rules:

- We provide them with snacks and a lunch (Pizza) on Friday only – If your child can not eat pizza please bring in your own lunch. Please bring your own lunch Mon-Thurs. Please pack a water bottle for the day
- Your spot is not reserved until it is paid for. Payment is due in full when you sign up.
- If you are late for pick – there will be a \$10 charge for every 15 minutes that you are late. This fee MUST be paid before signing out your child from camp.
- We do not give refunds for cancelations. No exceptions. Payment must be made at time of registration to reserve your child's spot

Payment: Please check one

Check	Cash	Autopay	Charge	<u>Totals:</u>
<u>1<sup>st</sup> child</u>	<u>2<sup>nd</sup> Child</u>	<u>3<sup>rd</sup> Child</u>		1 <sup>st</sup> Child \$ _____
Camp Fee \$ _____	Camp Fee \$ _____	Camp Fee\$ _____		2 <sup>nd</sup> Child \$ _____
				3 <sup>rd</sup> Child \$ _____
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 Training Center, Inc. does not provide care and well-being and will respectfully decline to complete your FSA form requesting our 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 \_\_\_\_\_