



AZARIAN GYMNASTICS SUMMER CAMP 2017 REGISTRATION FORM

Azarian Gymnastics
1 Argonaut, Aliso Viejo
949.455.1020 ext. 200
Fax 949.455.1290
albina@azariangymnastics.com

Select Camp Week:

- 1. June 19 - 23 - Discovery Adventures
- 2. June 26 - 30 - Alice & Friends in Wonderland
- 3. July 5-7 - Under the Sea
Short week closed July 3&4 (\$170 or \$130)
- 4. July 10-14 - Once Upon a Time
- 5. July 17-21 - Ahoy! Treasure Seekers
- 6. July 24-28 - Barynard Extravaganza
- 7. July 31- August 4 - Batman vs. Superman
- 8. August 7-11 - Return to Neverland
- 9. August 14-18 - Aloha!

Select Camp Type :

- Full Week Full Day 9:00am-3:00pm M-F \$250
(Includes Swim Day & Special Guest Day)
- Full Week Half Day 9:00am-12:00pm M-F \$190
- Individual Full Day 9:00am-3:00pm M / W / TH / \$65
- Individual Half Day 9:00am-12:00pm ONLY M / T / W / TH / F \$50
- Swim Day Full Day Tue 9am-3pm- \$85
- Special Guest Full Day Fri 9am-3pm \$85

Camper Info:

1. Camper Name _____ Gender _____ Age _____ Birthdate _____
Allergies _____ Medications _____
2. Camper Name _____ Gender _____ Age _____ Birthdate _____
Allergies _____ Medications _____
3. Camper Name _____ Gender _____ Age _____ Birthdate _____
Allergies _____ Medications _____
4. Camper Name _____ Gender _____ Age _____ Birthdate _____
Allergies _____ Medications _____

Family Info:

Parent(s) Name _____ Email _____

Address _____ City/Zip _____

Home # _____ Cell # _____ Emergency# _____

PLEASE FLIP OVER FOR THE WAIVER OF LIABILITY AND POLICIES

PLEASE REVIEW AND INITIAL THE FOLLOWING POLICIES:

Student Drop off & Pick up Information

- For your child's safety, you must accompany your child into the building to sign in and sign out every day.
- Check in is between 8:45-9:00am. Pick up is between 2:45-3:00pm. If your child is picked up later than 3pm, you will be charged \$10 every 10 minutes.

Initial _____

PLEASE REVIEW AND INITIAL THE FOLLOWING POLICIES

Some Camp Info & Policies

- Campers ages are set between 4-10 years old. If your child is 3.5 years old and wants to come they may as long as they are fully potty trained and currently enrolled in independent classes here at the gym. We request that 3.5 year olds start off at half day
- Payment is due in full upon registering. Rescheduling is not a problem. Cancellations must be made at least a week in advanced for full refund.

(No refunds given for cancellations if they are not a week in advance. NO EXCEPTIONS)

- Every Tuesday the campers will be going swimming. If you do not wish for your child to go swimming, please state so on the permission slip and we will keep them out of the pool and by an instructor.
- Full day campers please bring a sack lunch every day except for Friday. Every Friday is Pizza Party Day! If you would not like your child to eat pizza, please pack them a lunch on that day as well. We also have the option to order Panera Bread lunch. Please ask for more information. We provide a snack every day, please pack a water bottle for your child or send them with money to purchase one from the vending machine.
- For children with severe food allergies we ask that you bring your own lunch and snacks
- There is a \$10 sibling discount that will apply when you register and pay.

Initial _____

Please list any/all limitations (physical, mental, social, medications, etc.) that would affect your child's participation at camp:

WAIVER OF LIABILITY

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.

I understand that anything lost or stolen AUSGTC is not responsible for. Azarian US Gymnastics Training Center Inc. does not provide care and well-being and will respectfully decline to complete your FSA from 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 _____