

WINTER WONDERLAND CAMP 2017

1. Campers Name: _____ AGE _____

2. Camper's Name: _____ AGE _____

3. Camper's Name: _____ AGE _____

Parent Name _____ Phone # _____

Address _____

Email _____

Days Offered: Please Circle (non-members add \$5)	Full Day \$55/day/child 9am-3pm	Half Day 9-12:00pm \$40/day/child	Half Day 12-3:00pm \$40/day/child
22 26 27 28 29 1/2, 1/3, 1/4, 1/5			

Discounts: Receive a \$5 discount for siblings. Get 10% off for all 10 days of sign up! (Non-members add \$5 to price)

Some camp rules:

-We provide them with snacks everyday Please pack a lunch every day for your child if they are full day campers.

-Your spot is not reserved until it is paid for. Payment is due in full when you sign up. There are no refunds. No exceptions.

Payment: Please check one

Check	Cash	Autopay	Charge
<u>1st child</u>	<u>2nd Child</u>	<u>3rd Child</u>	<u>Totals</u>
Fee \$ _____	Fee \$ _____	Fee \$ _____	1st Child _____ 2nd Child _____

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 including Facebook, Instagram, Twitter, etc.

Parent's Signature _____ Date _____