



Apex Gymnastics
1013 Investment Blvd, Apex, NC 27502
919-303-7976 www.apexgymnastics.com
2011-2012 Track Out Camp Registration

Child #1 _____ Age _____ DOB _____ Sex _____

School _____ Traditional _____ Year Round/Track No. _____

Child #2 _____ Age _____ DOB _____ Sex _____

School _____ Traditional _____ Year Round/Track No. _____

Child #3 _____ Age _____ DOB _____ Sex _____

School _____ Traditional _____ Year Round/Track No. _____

Address: _____ City _____ Zip _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Mother's Email: _____ Home Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Email: _____ Home Phone: _____

Person(s) Responsible for Tuition Payments: _____

Emergency Contact: _____ Phone Number: _____

Who Can We Thank for the Referral? _____

HEALTH INFORMATION

Does your child have a chronic condition (i.e. Asthma, ADD/ADHD) that requires medication, or injury within the past 12 months (i.e. broken bone, severe sprain)? If yes, please explain: _____

Parent hereby stipulates that child is physically sound and has medical approval to proceed with classes.

MEMBERSHIP WAIVER

The undersigned acknowledges the existence of certain inherent risks in this type of training and hereby agrees to assume all risks him/herself. He/she further relieves Apex Gymnastics, its management, assigned instructors, and all others concerned from any liability resulting from personal injury and/or loss of personal property. The student acknowledges that rules and regulations governing the institute have been adopted and may be changed from time to time, and the student/parent/guardian agrees to abide by all such rules and regulations adopted, including the time scheduled for instruction and use of the club as posted. I have read and agree to comply with the above Membership Agreement and all gym policies.

Parent/Guardian Signature

Date

Apex Gymnastics would like to use images of your child in internal and external promotional material including any printed material, broadcast and print advertising and for our website.

_____ **I PERMIT**

_____ **I DO NOT PERMIT**

CAMP WEEK: _____

FULL DAY (\$40/day)
M T W TH F

HALF DAY A.M. (\$28/day)
M T W TH F

HALF DAY P.M. (\$28/day)
M T W TH F

_____ EARLY DROP OFF (8:30 A.M.) OR LATE PICKUP (5:00 P.M.) (\$7/day)
 _____ EARLY DROP OFF (8:30 A.M.) AND LATE PICKUP (5:00 P.M.) (\$10/day)