

Apex Gymnastics

2009 Summer Camp Registration

June 15 – August 15

Please Check the camps your child will attend

CHILD NEEDS TO BRING MORNING/AFTERNOON SNACK AND LUNCH

_____ Week 1 -- June 15

_____ Week 2 – June 22

Gym Closed June 29 – July 5

_____ Week 3 -- July 6

_____ Week 4 -- July 13

_____ Week 5 -- July 20

_____ Week 6 -- July 27

_____ Week 7 -- August 3

_____ Week 8 -- August 10

No child under 4 yrs of age – unless they turn 4 in the Summer

Check or Credit Cards only.

◆ CAMP OPTIONS		
◆ Full Day	\$190.00	9 a.m.— 4:30 p.m.
◆ Half Day	\$105.00	◆ 9 a.m.— 12:30 p.m. or 1 p.m.—4:30 p.m.
◆ Early Drop off	\$ 25.00	8:30 a.m. arrival
◆ Late Pick Up	\$ 25.00	5:00 p.m. dismissal
Early Drop off and Late Pick Up	\$ 40.00	8:30 a.m. arrival and 5:00 p.m. dismissal

FOR OFFICE USE ONLY

Non-Refundable Deposit (applied towards tuition)

\$25.00 Deposit per week per child \$ _____

Date Paid _____ How Paid _____

Balance Due by the 1st of the month attending

June Balance \$ _____

July Balance \$ _____

August Balance \$ _____

Child #1 Name: _____

Age: _____ **Date of Birth:** _____ **Sex** _____

Child #2 Name: _____

Age: _____ **Date of Birth:** _____ **Sex** _____

Address: _____

City: _____ **Zip:** _____

Parent Name: _____

Home # _____ **Cell #** _____

Email Address: _____

How did you hear about us? _____

www.apexgymnastics.com 919-303-7976

2009 Membership Waiver and Registration Form

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.

Emergency Contact Name: _____

Phone: _____

Please check one of the following:

_____ Yes, I give permission to use any photographs of my child for promotional materials.

_____ No, I do not give permission to use any photographs of my child for promotional materials.

- Does your child have a chronic condition (i.e. Asthma, ADD/ADHD) that requires medication? If yes, please explain: _____

- Has your child had an injury (i.e. broken bone, severe sprain) within the last 12 months? If yes, please explain: _____

- Does your child have any allergies? (drug allergies, food allergies, wasps) _____

Parent hereby stipulates that child is physically sound and has medical approval to proceed with classes. I agree to the above membership policies and all gym policies.

Parent/guardian signature _____ Date _____

Check or Credit Card only. NO Cash Accepted