



Spring Break Camp 2010

North Valley Gymnastics
 20815 N. 28th St.
 Phoenix, AZ 85050
 602-404-FLIP (3547)
 www.northvalleygymnastics.com

Gymnastics * Tumbling * Trampoline * Crafts * Games * AND More Fun!!

Email (required):		Home Phone:	
Mother's Name:		Cell Phone:	
Father's Name:		Cell Phone:	
Camper's Name:		Date of Birth:	
Camper's Name:		Date of Birth:	
Camper's Name:		Date of Birth:	

***** A Registration and Waiver Form must be filled out (or on file) at time of Registration (back of this form) *****

Session	Dates	FULL DAY CAMP		HALF DAY CAMP		
		\$45/Day \$210/Week	Drop In Rate \$50/Day	\$30/Day \$135/Week	Drop In Rate \$35/Day	
		15% Sibling Discount		15% Sibling Discount		
		Hours (9am - 3pm) <i>Circle Days</i>		Hours (9am - 12pm) <i>Circle Days</i>		
1	March 15 th - March 19 th	M	Tu	W	Th	F
2	March 29 th - April 2 nd	M	Tu	W	Th	F



***** Morning Snack and Drinks will be provided. Full Day Campers must bring a sack lunch. *****



PAYMENT POLICY

Camp registration can be submitted in person, by fax, or by mail. A 50% non-refundable deposit is due per Child/per Session to hold your spot. The remaining balance is due one week before camp. If fees are not paid one week before camp, a \$10.00 late fee will apply per child. Drop In rate applies to any registrations that occur during the actual week of camp.

CAMP POLICES

Please initial next to each policy noted below and sign at the bottom

- _____ I understand that my 50% camp deposit is per child/per session is nonrefundable and non transferable.
- _____ I understand that there are no make-ups or refunds for missed days.
- _____ I understand that my child must be at least 3 years old and potty trained in order to participate in Camp.

 Parent Signature

 Date



North Valley Gymnastics
 20815 N. 28th St.
 Phoenix, AZ 85050
 602-404-FLIP (3547)
 www.northvalleygymnastics.com

REGISTRATION and WAIVER Form

Mother's Name: _____	Cell Phone: _____ - _____ - _____
Father's Name: _____	Cell Phone: _____ - _____ - _____
Home Address: _____	Home Phone: _____ - _____ - _____
City/State/Zip: _____	
Email Address: _____	
Student's Name: _____ F / M	Age: _____ Birthdate: _____ / _____ / _____
Student's Name: _____ F / M	Age: _____ Birthdate: _____ / _____ / _____
Student's Name: _____ F / M	Age: _____ Birthdate: _____ / _____ / _____
Student's Name: _____ F / M	Age: _____ Birthdate: _____ / _____ / _____

How did you hear about us? _____

EMERGENCY & MEDICAL INFORMATION

Contact Name: _____	Phone #: _____ - _____ - _____
Insurance Co: _____	Policy #: _____
Any Medical Conditions to be aware of: _____	
Known Allergies: _____	Medications: _____

ACKNOWLEDGMENT of RISK and WAIVER of LIABILITY

As parent or legal guardian of the student(s) named above, I understand and appreciate the risks associated with the sport of gymnastics, cheer, dance, tumbling, trampoline, and related activities. I am fully aware of the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastic, cheer, tumbling, trampoline, dance and/or related activities.

I understand that it is the express intent of North Valley Gymnastics to provide for the safety and protection of my child and, in consideration for allowing my child to use this facility, I hereby forever waive and release North Valley Gymnastics, its officers, employees, instructors, directors, coaches, landlord, and independent contractors from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of North Valley Gymnastics.

I confirm that the above named student(s) are in good health and have no known physical impairments that would cause harm to the above named student(s) by participation in any North Valley Gymnastics program. I also agree to individually provide for the possible future medical expenses which may be incurred by my child while training at, or performing for North Valley Gymnastics.

Medical Release: I hereby give my consent to North Valley Gymnastics to provide emergency care and to give authority to any hospital, or doctor to render immediate aide as might be required at the time for his or her health and safety.

Image Release: I hereby give my consent to North Valley Gymnastics to use my child's image in any form of media, including print, television, and internet, for advertisement and promotional purposes.

As legal parent or guardian of the student(s) named above, I hereby verify by my signature below that I accept the conditions of the waiver and release and furthermore I permit my child to participate in the events provided by North Valley Gymnastics.

I HAVE READ AND FULLY UNDERSTAND ALL INFORMATION ABOVE.

 _____
 Parent or Legal Guardian Printed Name

 _____  _____