

Summer Camp Registration 2018

Office Use Only

Date: _____ Initial: _____

Child (1) _____ Birthday: _____ Male/Female

Child (1) _____ Birthday: _____ Male/Female

Child (1) _____ Birthday: _____ Male/Female

Mom: _____ Cell Phone () _____ Work Phone () _____

Dad: _____ Cell Phone () _____ Work Phone () _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Home Phone Number _____

How did you hear about Arizona Dynamics? _____

Camp Disclaimer

I understand that Gymnastics/Cheer involves certain inherent risks. I assume that all safety precautions taken and in consideration of your accepting this student I hereby, for myself, my heirs, executors, administrators and assigns persons holding and sponsoring this facility, their agents, representatives, successors and assigns for any and all injuries and losses suffered by me and at said facility. Additionally Arizona Dynamics Gymnastics LLC has my permission to render and necessary first aid emergency treatment to my child while in attendance at Arizona Dynamics Gymnastics LLC. Further I give my permission for certified and licensed medical personnel to use appropriate procedures to aid my son/daughter and prevent further injury and/or death. I give my permission to the emergency care physicians and support personnel to do what they deem necessary in the best interest of my child. I have read and agree to comply with the above policy and waiver agreements

Signature: _____ Date: _____

Allergies & Medical Conditions:

Please list and describe any allergies or known medical conditions that AZ Dynamics should be aware of:

Additional Pick-Up Release:

I authorize the following person(s) to pick up my child/children from Arizona Dynamics

Name: _____ Relation: _____ Phone: () _____

Name: _____ Relation: _____ Phone: () _____

Name: _____ Relation: _____ Phone: () _____

Name: _____ Relation: _____ Phone: () _____

Parent Signature: _____ Date: _____

Week #1: June 4th – 8th: Circus Week

Full Week	___AM	___PM	___ Full Day
Monday 6/4	___AM	___PM	___ Full-Day
Tuesday 6/5	___AM	___PM	___ Full-Day
Wednesday 6/6	___AM	___PM	___ Full-Day
Thursday 6/7	___AM	___PM	___ Full-Day
Friday 6/8	___AM	___PM	___ Full-Day

Week #2: June 11th – 15th: Reptile Week

Full Week	___AM	___PM	___ Full Day
Monday 6/11	___AM	___PM	___ Full- Day
Tuesday 6/12	___AM	___PM	___ Full-Day
Wednesday 6/13	___AM	___PM	___ Full-Day
Thursday 6/14	___AM	___PM	___ Full-Day
Friday 6/15	___AM	___PM	___ Full-Day

Week #3: June 18th – 22nd: Ninja Zone: AM ONLY

Full Week	___AM
Monday 6/18	___AM
Tuesday 6/19	___AM
Wednesday 6/20	___AM
Thursday 6/21	___AM
Friday 6/22	___AM

Week #4: June 25th – 29th: Reptile Week

Full Week	___AM	___PM	___ Full Day
Monday 6/25	___AM	___PM	___ Full- Day
Tuesday 6/26	___AM	___PM	___ Full-Day
Wednesday 6/27	___AM	___PM	___ Full-Day
Thursday 6/28	___AM	___PM	___ Full-Day
Friday 6/29	___AM	___PM	___ Full-Day

Week #5: July 9th – 13th: Cheer Week: AM ONLY

Full Week	___AM
Monday 7/9	___AM
Tuesday 7/10	___AM
Wednesday 7/11	___AM
Thursday 7/12	___AM
Friday 7/13	___AM

Week #6: July 16th – 20th: Beach Time

Full Week	___AM	___PM	___ Full Day
Monday 7/16	___AM	___PM	___ Full- Day
Tuesday 7/17	___AM	___PM	___ Full-Day
Wednesday 7/18	___AM	___PM	___ Full-Day
Thursday 7/19	___AM	___PM	___ Full-Day
Friday 7/20	___AM	___PM	___ Full-Day

***Full day campers are required to bring a sac lunch**

Registration Policies

(You must initial all statements and sign the bottom of this section to participate in Arizona Dynamics Camp)

___ I understand that payments for daily enrollments are due in full at time of enrolling

___ I understand that there are no make ups or refunds for missed camps

___ I understand that photos taken at Arizona Dynamics may be used for advertising purposes.

Parent signature _____ Date: _____