

October Break Camp Registration 2020

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: _____ (will send email updates about camp)
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: () _____

Parent Signature: _____ Date: _____

Week #1: SEPT 28TH-OCT 2ND

Week #2: OCT 5TH-OCT 9TH

Full Week Full Day

Full Week Full Day

CREDIT CARD INFORMATION:

NAME: _____

CARD NUMBER: _____ EXP: _____ CVC _____

ZIP CODE: _____ CARD TYPE: _____

***Full day campers are required to bring a sack 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 for missed camps

I understand that there are no tuition refunds or credits.

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

Parent signature _____ Date: _____