

# ALL PRO GYMNASTICS AND CHEER ACADEMY DAY CAMP REGISTRATION FORM

6685 Santa Barbra Ct. Suite D  
 Elkridge, MD. 21075  
**Front Desk:** 410-379-5439  
**Office Hours:** M-F 4-8:30pm

**Fax:** 410-379-5449  
 vicki.allprogymandcheer@gmail.com  
 www.allprogyrnasticsandcheer.com  
**Tax ID:** 273-511-178

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_  
 Primary Email Address: \_\_\_\_\_ School Name/Grade: \_\_\_\_\_  
 If parents cannot be reached, in case of an emergency, contact:  
 Name/ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Does your child have any allergies/medical limitations? If so, Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Will your child be bringing any medications to camp? \_\_\_\_\_

	Full Day 9am-4pm \$65.00 Day	Half AM 9am-12pm \$45.00 Day	Half PM 1-4pm \$45.00 Day	Extended AM 8-9am \$12 A Day		Full Day 9am-4pm \$65.00 Day	Half AM 9am-12pm \$45.00 Day	Half PM 1-4pm \$45.00 Day	Extended AM 8-9am \$12 A Day
Sept. 30, 2019					Dec. 23, 2019				
Oct. 9, 2019					Dec. 26, 2019				
Oct. 18, 2019					Dec. 27, 2019				
Nov. 27, 2019					Dec. 30, 2019				
Nov. 29, 2019									

## SIGN-UP FOR 3 DAYS OF WINTER-BREAK CAMP AND RECEIVE THE 4<sup>TH</sup> DAY FREE

**\$100 deposit is due at time of registration. This deposit is non-refundable and non-transferable.** Balance for all camps are due the Monday of the week your child is to attend camp. Please note that there will be at \$25.00 late fee for all monies not collected on the due date. Please understand that you are paying for your child's spot in a camp NOT their attendance.

**My child may be released for pick-up to the following Person's:**  
 \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

### Acknowledgment of Risk and Waiver of Liability

I, parent or Legal Guardian, of the child listed above, hereby give permission in any and all risk and hazard. Incidental to such participation and do hereby waive, release, absolve, indemnity, and agree to hold harmless All Pro Gymnastics & Cheer Academy, the employees, owners, supervisors, coaching instructors, and any subcontractor working with/ for All Pro Gymnastics & Cheer Academy. If I, my son, or daughter has any physical condition that may impair their ability to engage in these activities, it is always advisable to consult your physician prior to undertaking any physical exercise program. If necessary, I authorize All Pro Gymnastics and Cheer Academy to administer first aid and/or authorize medical treatment in my absence. Students are expected to carry their own medical and accident insurance. In signing below, I agree to be responsible for any medical bills incurred during my child's participation at All Pro Gymnastics and Cheer Academy. I give my permission for All Pro Gymnastics and Cheer Academy to take and use any photos of my child for the purpose of advertising or website use. This waiver of liability, having been read thoroughly and understood completely is signed voluntarily as to its content and intent. By signing this release, I understand the policies and liabilities that may occur in sports activities. I understand there are no refunds or credits given for missed camp days.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_