



Summer Camp 2017

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

Gymnastics * Tumbling * Trampoline * Games * Water Slide *AND Much More!!

Camper's Name:		Home Phone:	
Family Name:		Cell Phone:	
Email(required):			

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

Registration Fee	FULL DAY CAMP (Ages 5-14)	HALF DAY CAMP (Ages 3-14)	Extended Hours (Ages 5-14)
\$15 per Camper	\$60/Day \$275/Week Drop In Rate \$65/Day	\$35/Day \$160/Week Drop In Rate \$40/Day	\$10/hour (per child)

Session	Dates	Balance Due Date	Hours (9am – 4:00pm) Circle Days	Hours (9am–12pm) or (1pm–4pm) Circle Days	8am to 9am	4pm to 5pm
1	May 30 – June 2	May 1 st	Tu W Th F	Tu W Th F		
2	June 5 – June 9	May 1 st	M Tu W Th F	M Tu W Th F		
3	June 12 – June 16	May 1 st	M Tu W Th F	M Tu W Th F		
4	June 19 – June 23	May 1 st	M Tu W Th F	M Tu W Th F		
5	June 26 – June 30	May 1 st	M Tu W Th F	M Tu W Th F		
	July 3 – July 7		CLOSED (NO camp)	CLOSED (NO camp)		
6	July 10 – July 14	June 1 st	M Tu W Th F	M Tu W Th F		
7	July 17 – July 21	June 1 st	M Tu W Th F	M Tu W Th F		
8	July 24 – July 28	June 1 st	M Tu W Th F	M Tu W Th F		
9	July 31 – August 4	June 1 st	M Tu W Th F	M Tu W Th F		



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



PAYMENT and CAMP POLICIES

Camp registration can be submitted in person, by fax, by mail or by email. All applicable Registration Fees along with a \$50.00 **non-refundable** deposit is due **per Session per Child** to hold your spot. The registration fee and deposit is due at the time of registration. The remaining balance must be paid by the due date listed above. If fees are not paid by the due date, we reserve the right to drop your child(ren) from the camp sessions they are registered in. There will be no refund of any deposits paid.

- Children must be potty trained in order to participate in camp.
- Drop In rate applies to any registrations that occur during the actual week of camp.
- There will be no make-ups or refunds for missed days.
- Changes to sessions and/or days will result in a \$10.00 change processing fee.
- Parents are responsible for applying sunscreen for their child prior to camp. North Valley Gymnastics staff will not apply sunscreen.
- A registration and waiver form (backside of this form) must be completed at time of registration.



Parent Signature _____

Date _____



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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



 Parent or Legal Guardian Signature



 Date