

Paramount Tumbling & AcroGymnastics
Summer/Winter Camp
Registration Form

Camper Name _____

Sex (M F), Birth date ____/____/____

Address _____

City _____ Zip _____

Home Phone (____) _____

Emergency Phone (____) _____

Mother's Name _____

Father's Name _____

E-mail Address _____

Week # ____ Date ____/____ - ____/____ Early Care _____, After Care _____

Total Due \$ _____

I give my permission for the above name to participate in Paramount Tumbling & AcroGymnastics Camp. I hold PTAG and it's employees harmless from any and all liability sustained during participation.

Signature of Parent or Guardian _____

CAMP POLICES

Each policy noted below and sign at the bottom

_____ I understand that my camp fee is nonrefundable and non transferable.

_____ I understand that there are no make-ups or refunds for missed days.

_____ I understand that my child is to be picked up no later then: 12:00pm (Half Day Camp)/3:00pm (Full Day Camp)/5:00pm (if using extended care). I will be charged \$1.00 per minute thereafter.

Parent Signature

Date

ALTERNATE PICK UP RELEASE

I authorize the following person(s) to pick up my child/children from Paramount Tumbling & AcroGymnastics Summer Camp 2008. Any Person picking up will be required to show proof of identification.

Name: _____

Relationship: _____

Telephone Number: _____