



SUMMER CAMP 2017 REGISTRATION FORM

Camper's Name: _____ Age: _____ DOB: ____/____/____

(Please do not register more than one child per form. Use a second form for another child.)

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Child T-Shirt Size: SMALL MEDIUM LARGE

**Campers will receive their t-shirt the first day of camp. If they are signed up for more than one camp they will receive one shirt the first week of their first camp only. No t-shirt for Princess Dance Camp.*

Circle the camp(s) you are registering for:

Gym, Swim, Skate	June 26th – 30th	(9:30am-3pm) Ages 5-12 yrs., SC1	\$180
Gym, Swim, Skate	July 10th – 14th	(9:30am-3pm) Ages 5-12 yrs., SC2	\$180
Gym, Swim, Skate	July 17th – 21st	(9:30am-3pm) Ages 5-12 yrs., SC3	\$180
Gym, Swim, Skate	July 24th – 28th	(9:30am-3pm) Ages 5-12 yrs., SC4	\$180
Princess Dance Camp	July 17th – 21st	(12:30am-3:30pm) Ages 5-9 yrs., DSC	\$150

**Discount of \$10 off each additional week of camp after the first paid in full camp. \$10 off per camp for siblings.*

IMPORTANT: I am aware of and appreciate the risk, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in dancing, gymnastics, swimming, skating, tumbling and trampoline. I give my permission for my child to be treated by a medical doctor if deemed necessary by the coaches/instructors responsible for his/her program.

As the authorized legal guardian of the child listed above, I hereby grant permission to Christi's Fitness to take and use photographs that may include my child for promotional material and social media sites.

I have read and understand the liability waiver described above.

Parent's Signature: _____ Date: _____

NOTE: All cancellations are subject to a \$50.00 cancellation fee. There will be no refund for cancellations less than two weeks prior to camp.

Parent's Initials: _____ Date: _____

DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY

Amount Paid: _____ Collected by: _____ Method of Payment _____

Phone Registration C.C. #: _____

Exp.: _____ Card Holder's Name: _____

