



# 2017 Summer Camp Registration

## Camper's Information

Name:		Sex:	Age:	D.O.B.:
Mother/Parent 1 Name:			Father/Parent 2 Name:	
Address:			City:	State: Zip:
Home Phone #:	Parent 1 Cell #:		Parent 1 Work #:	
Parent 2 Cell #:	Parent 2 Work #:		E-mail:	
Password: (used to confirm safe pick-up)		Emergency Contact Name:		Emergency Contact Phone #:

Are there any medical conditions/allergies to which we should be notified?  Yes  No  
Please Specify:

I understand that it is the intent of Balance 180 Gymnastics & Sports Academy to provide for the safety and protection of my child; therefore if I am not available I authorize Balance 180 and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment, which may be required.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## Persons Authorized to Pick-Up (other than Parents and Emergency Contact)

Need to know safe pick-up password and present valid photo I.D.

Name:	Phone #:
Name:	Phone #:

## Selected Weeks

(indicate  for days attending; check in column "AM" or "PM" for half day hours, "F" for full day hours, or "E" for extended hours)

Week 1: July 10-14					Week 2: July 17-21					Week 3: Jul 24-28				
	AM	PM	F	E		AM	PM	F	E		AM	PM	F	E
Mon					Mon					Mon				
Tues					Tues					Tues				
Wed					Wed					Wed				
Thurs					Thurs					Thurs				
Fri					Fri					Fri				

**Half Day Hours:**  
AM: 8:30am-12:30pm (ages 3+)  
PM: 1:00-5:30pm (ages 5+)

**Full Day Hours:**  
8:30am-5:30pm (ages 5+)

**Extended Hours:**  
Early drop off: 7:30am  
Late pick up: 6:00pm

## Payment Information

Balance 180 Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	T-Shirt Size (please circle): CXS 2-4 CS 6-8 CM 10-12 CL 14-16 CXL 18-20 AS AM AL
Camp Registration Fee: \$20 (non-members only)	How did you hear about us? _____

I fully understand that payment for at least one week of camp is due upon registering to hold my child's spot. The consecutive fees for camp are due on or before the Monday of each week of camp that my child is attending. In addition, I understand that NO REFUNDS will be given for missed days/weeks or cancellations. I have read and agree to comply with this policy.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



# Getting to Know Your Camper

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Please respond to the following so that we can make this the best possible camp experience for your athlete:

## About Your Athlete

Athlete's likes: \_\_\_\_\_ Athlete's dislikes: \_\_\_\_\_

## Food and Drink Accommodations

Does your child have any food allergies or require any special accommodation for eating and/or drinking?

Yes  No

Please list any allergies or special accommodations we should be aware of:

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## Bathroom Assistance

Does your child require any special bathroom assistance from Balance 180?  Yes  No

Please list any specific bathroom assistance your child needs (periodic reminders, help with dressing, etc.) and what level of assistance you would find acceptable from Balance 180 staff or volunteers:

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## Medication and Skincare

Balance 180 **will not** be responsible for administering any medication with the exception of emergency supplies such as inhalers or epinephrine pens. If possible, please adjust your child's medication schedule accordingly. Only under unique circumstances with prior written permission will Balance 180 administer any type of medication. If your child requires a certain type of sun screen or bug spray for outdoor activities, please provide it or apply it before dropping off your child for camp.

Please list any special needs your child has regarding medication or skincare (regular medication, allergies, special sun screen/bug spray, etc.).

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Please provide any other information that will help us build a relationship and work with your child:

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**Thank you for helping us to create a fun and safe camp experience for your athlete. We look forward to having your athlete join us for summer camp! 😊**