



2023 Summer Camp FULL Day Registration

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

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 #:
Name:	Phone #:

Selected Weeks			
(indicate <input checked="" type="checkbox"/> for weeks attending and any day(s) that you need early drop off)			
<input type="checkbox"/> Week 1: July 10-14	<input type="checkbox"/> Week 2: July 17-21	<input type="checkbox"/> Week 3: Jul 24-28	Camp Hours: 8:30am-3:00pm Early Drop Off: Starts at 7:30am (additional charge)
<input type="checkbox"/> Early drop off ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri	<input type="checkbox"/> Early drop off ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri	<input type="checkbox"/> Early drop off ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri	Rates: Weekly fee: \$220, 10% off for siblings. Additional \$5 per child for weekly B'Z Gelati. Registration fee (non-members only): \$30 for one child \$25 for second child \$65 total for families with 3+ children Early drop off: \$5/child/day

Additional Information							
T-Shirt Size (please circle): CXS (2-4) CS (6-8) CM (10-12) CL (14-16) CXL (18-20) AS AM AL <i>*T-shirts will be distributed during your child's first week of camp!</i>							
Gelati Flavor (please select flavors below for the week(s) your child is attending): <i>*The B'Z Gelati food truck will be joining us once a week for a special treat!</i>							
	Week 1	Week 2	Week 3				
Blue Raspberry	_____	_____	_____				
Cookies n Cream	_____	_____	_____				
Mint Chip	_____	_____	_____				
Lemon	_____	_____	_____				
Mango	_____	_____	_____				
Strawberry	_____	_____	_____				
<i>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. I have read, understood and agreed to the Summer Camp Policies of Balance 180 Gymnastics & Sports Academy. I allow my child to participate in the gymnastics summer camp.</i>							
Signature of Parent/Legal Guardian _____				Date _____			