



2021 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:												
<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>												
_____ 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 <input checked="" type="checkbox"/> for days attending; check in column "AM" or "PM" and "E" if you need early drop off)												
Week 1: July 12-16				Week 2: July 19-23				Week 3: Jul 26-30				Camp Hours: Half day - morning: 8:30am-12:30pm Full day: 8:30am-3:00pm E: Early drop off- Starts at 7:30am We will send an email as we get closer with staggered drop off and pick up times. Early drop-off? Please check box below. <input type="checkbox"/> Early drop off: 7:30am \$5/child/day
	Half	Full	E		Half	Full	E		Half	Full	E	
Mon				Mon				Mon				
Tues				Tues				Tues				
Wed				Wed				Wed				
Thurs				Thurs				Thurs				
Fri				Fri				Fri				
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)						
Camp Registration Fee: \$20 (non-members only)						CXL(18-20) AS AM AL						
						How did you hear about us? _____						
<i>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						

For office use only: Deposit paid? Yes No