

WANTED

**Kids: Ages 4 to 12
for Rodeo Break Camp**



February 22nd and 23rd, 2018

Full Day 9:00 a.m. - 3:30 p.m. ★ \$55.00

Half Day a.m. 9:00 a.m. - 12:00 p.m. ★ \$35.00

Half Day p.m. 12:30 p.m. - 3:30 p.m. ★ \$35.00

Payment

- ❖ Registration may be submitted in person or via email.
- ❖ Cash, check & credit cards are accepted. This is a prepaid event.
- ❖ Payment must be received before the day of camp.
- ❖ Please make checks payable to Arizona Dynamics

Registration form on back

AZ DYNAMICS CAMP REGISTRATION FORM

Arizona Dynamics 3949 W. Costco Drive, #101 Tucson, AZ 85741 - 520-742-1444

Child (1): _____	Age: _____	<u>Circle</u> M/F	DOB: _____	<u>Camp Days (Circle)</u> T W TH F FULL-1 FULL-2
Child (2): _____	Age: _____	M/F	DOB: _____	T W TH F FULL-1 FULL-2
Child (3): _____	Age: _____	M/F	DOB: _____	T W TH F FULL-1 FULL-2
Mom: _____	Work Phone: (____) _____	Cell Phone:(____) _____		
Dad: _____	Work Phone: (____) _____	Cell Phone:(____) _____		
Address: _____	City: _____	Zip: _____		
Email Address: _____	Home Phone: (____) _____			
How did you hear about us? _____				
Allergies: _____				
Payment date: _____	Amount Paid: _____	Deposit y/n	Paid in Full: _____	Staff initials: _____

REGISTRATION POLICIES

- I UNDERSTAND THAT MY PAYMENT IS NON-REFUNDABLE AND NON-TRANSFERABLE.**
- I UNDERSTAND THAT THERE ARE NO MAKEUPS OR REFUNDS FOR MISSED CAMP DAYS**

PHOTO CONSENT

I hereby consent to and permit photographs of my children as well as their activities to be used by Arizona Dynamics. I understand pictures may be seen worldwide for any purpose, including educational and advertisement purposes , and in any medium , including print and electronic. I understand that such photographs will be used without prior

Camp Waiver – Please Read & Sign

I understand gymnastics involves certain inherit risks. I assume that all safety precautions are taken and in consideration of your accepting this student I hereby, for myself, my heirs, executors, administrators and assigns persons holding and sponsoring this facility, their agents, representatives, successors and assigns, release, discharge and covenant not to sue Arizona Dynamics Gymnastics LLC for any and all injuries and losses suffered by me and at said facility. Additionally Arizona Dynamics Gymnastics LLC has my permission to render and necessary first aid emergency treatment to my child while in attendance at Arizona Dynamics Gymnastics LLC. Further I give my permission for certified and licensed medical personnel to use appropriate procedures to aid my son(s)/daughter(s):

and prevent further injury and/or death. I give my permission to the emergency care physicians and support personnel to do what they deem necessary in the best interest of my child. I have read and agree to comply with the above policy and waiver agreements.

Parent Signature: _____ Date: _____