

Summer Camp Registration Form

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 electronic mediums may include social media platforms and is not limited to www.azdynamics.com. I understand that such photographs will be used without prior consent. I further waive any claim for compensation of any kind for the use or publication of photographs of my child.

Parent Signature: _____ Date: _____

REGISTRATION FORM

Student Name: _____ Circle One: M F Date of Birth: _____

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Student Name: _____ Circle One: M F Date of Birth: _____

Student Name: _____ Circle One: M F Date of Birth: _____

Parent Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell: _____ Work: _____

E-mail address: _____ Food Restrictions: _____

A \$25 non-refundable deposit must accompany this form.
The balance of the camp fee is to be paid on or before the first day of camp.
\$ 52.00 for Half Days (AM only) - \$70 for Full Day
\$208 – Full Week ½ Day - \$280 for Full Week/Full Day
Prices increase \$10.00 if you register on the day of camp.
FULL DAY CAMPERS MUST BRING THEIR OWN LUNCH!

Camp Waiver

I understand gymnastics involves certain inherit risks. I assume that all safety precautions 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 Name: _____

Signature of Parent or Legal Guardian

Date

Week #1: June 1st - 5th - Superhero

Week #2: June 8th – 12th – Fairytale

1/2 Day/Full Week ___AM Only

1/2 Day/Full Week ___AM Only

Full week ___AM ___ Full Day

Full week ___AM ___ Full Day

Monday 6/1 ___AM ___ Full Day

Monday 6/8 ___AM ___ Full Day

Tuesday 6/2 ___AM ___ Full Day

Tuesday 6/9 ___AM ___ Full Day

Wednesday 6/3 ___AM ___ Full Day

Wednesday 6/10 ___AM ___ Full Day

Thursday 6/4 ___AM ___ Full Day

Thursday 6/11 ___AM ___ Full Day

Friday 6/5 ___AM ___ Full Day

Friday 6/12 ___AM ___ Full Day

Week #3: June 15th – 19st – Storybook

Week #4: June 22th – 26th – Gymnastics

1/2 Day/Full Week ___AM Only

1/2 Day/Full Week ___AM Only

Full week ___AM ___ Full Day

Full week ___AM ___ Full Day

Monday 6/15 ___AM ___ Full Day

Monday 6/22 ___AM ___ Full Day

Tuesday 6/16 ___AM ___ Full Day

Tuesday 6/23 ___AM ___ Full Day

Wednesday 6/17 ___AM ___ Full Day

Wednesday 6/24 ___AM ___ Full Day

Thursday 6/18 ___AM ___ Full Day

Thursday 6/25 ___AM ___ Full Day

Friday 6/19 ___AM ___ Full Day

Friday 6/26 ___AM ___ Full Day

Week #5: June 29th – July 3rd – Olympic

Week #6: July 6th – 10th Pirates Week

1/2 Day/Full Week ___AM Only

1/2 Day/Full Week ___AM Only

Full week ___AM ___ Full Day

Full week ___AM ___ Full Day

Monday 6/29 ___AM ___ Full Day

Monday 7/6 ___AM ___ Full Day

Tuesday 6/30 ___AM ___ Full Day

Tuesday 7/7 ___AM ___ Full Day

Wednesday 7/1 ___AM ___ Full Day

Wednesday 7/8 ___AM ___ Full Day

Thursday 7/2 ___AM ___ Full Day

Thursday 7/9 ___AM ___ Full Day

Friday 7/3 ___AM ___ Full Day

Friday 7/10 ___AM ___ Full Day

Deposit/Date Paid: _____

Balance Due/Date Paid: _____

Week #7: July 13th - 17th - Circus Week

1/2 Day/Full Week ___AM Only

Full week ___AM ___Full Day

Monday 7/13 ___AM ___Full Day

Tuesday 7/14 ___AM ___Full Day

Wednesday 7/15 ___AM ___Full Day

Thursday 7/16 ___AM ___Full Day

Friday 7/17 ___AM ___Full Day

Deposit/Date Paid: _____ **Balance Due/Date Paid:** _____