

Arizona Dynamics Camp Registration 2021

Child (1) _____ Birthday: _____ Male/Female _____ T-Shirt Size _____

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Child (1) _____ Birthday: _____ Male/Female _____ T-Shirt Size _____

Mom: _____ Cell Phone () _____ Work Phone () _____

Dad: _____ Cell Phone () _____ Work Phone () _____

Address: _____ City: _____ Zip: _____

Email Address: _____ (will send email updates about camp)

Home Phone Number _____

How did you hear about Arizona Dynamics? _____

Camp Disclaimer

I understand that Gymnastics/Cheer involves certain inherent 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 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/daughter 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

Signature: _____ Date: _____

Allergies & Medical Conditions:

Please list and describe any allergies or known medical conditions that AZ Dynamics should be aware of:

Additional Pick-Up Release:

I authorize the following person(s) to pick up my child/children from Arizona Dynamics

Name: _____ Relation: _____ Phone: () _____

Name: _____ Relation: _____ Phone: () _____

Name: _____ Relation: _____ Phone: () _____

Name: _____ Relation: _____ Phone: () _____

Spring Break:

Week #1: Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W TH F

***CAMPERS are required to bring a sack lunch, Friday Full Day Campers PIZZA party!**

Summer Break:

Week #1: Through the Decades

Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W TH F

Week #2: Ninja Week

Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W TH F

Week #3: Survivor Week

Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W TH F

Week #4: Party in USA

Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W TH F

Week #5: Around the World

Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W TH F

Week #6: Sports Camp

Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W TH F

***CAMPERS are required to bring a sack lunch, Friday Full Day Campers PIZZA party!**

Fall Break:

Week #1: Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W THE F

Week #2: Full Day _____ Extended Care AM: M T W TH F Extended Care PM: M T W THE F

***CAMPERS are required to bring a sack lunch, Friday Full Day Campers PIZZA party!**

Credit Card Information:

Name on Card: _____ Card Number: _____

Expiration: _____ CVC: _____

Zip Code: _____

Registration Policies (You must initial all statements and sign the bottom of this section to participate in Arizona Dynamics Camp)

___ I understand that payments for daily enrollments are due in full at time of enrolling

___ I understand that there are no make ups for missed camps, for any reason even sickness or exposure

___ I understand that there are no tuition refunds or credits, for any reason even sickness or exposure

___ I understand that photos taken at Arizona Dynamics may be used for advertising purposes.

Parent signature _____ Date: _____