

Zenith Gymnastics

SUMMER CAMPS 2018 Enrollment Form

(Must be 5 yrs or older)

Camper

First Name: _____ Last Name: _____ Gender: M/F DOB: __ / __ / __

Parent Name: _____ Phone #1: _____ Phone #2: _____

Is the child... Yearly Member Sibling E-mail : _____

Write in the table boxes below: **AM** for 9am to 12pm or **PM** for 12pm to 3pm or **FD** for Full Day 9am to 3pm.

Indicate
in cells

AM

or

PM

or

FD

Week	Mon.	Tue.	Wed	Thu.	Fri.	Dropping off early? Time?	Picking up later? Time?
1) June 11 th to June 15 th							
2) June 18 th to June 22 nd							
3) June 25 th to June 29 th							
4) July 9 th to July 13 th							
5) July 16 th to July 20 th							
6) July 23 rd to July 27 th							
7) July 30 th to August 3 rd							
8) August 6 th to August 10 th							
9) August 13 th to August 17 th							

Make sure you have indicated AM or PM or FD in the above boxes.

Notes: _____

Turn the page 

OFFICE USE:

Description:

- Date: __ / __ / __ Amount: \$ _____ Cash ___ Check ___ Credit ___
- Date: __ / __ / __ Amount: \$ _____ Cash ___ Check ___ Credit ___
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Zenith Elite Gymnastics Academy
 4260 W Eldorado Pkwy, McKinney, TX 75070 - Tel 214 592 0662 - www.zenithgymnastics.com

Camper First Name: _____ Last Name: _____

Image Use Release

On occasion, Zenith Gymnastics staff may photograph campers for use on our web site or other advertisements. If you prefer that your child NOT be photographed, please indicate below.

_____ Please do not use any photographs of my child for publication purposes.

Medical Condition

Please list any medications, allergies, and/or special instructions. Any special instructions or problems must be documented with Zenith Gymnastics office before a child can participate in camp. (Any medications left at the front office must be labeled).

Waiver and Consent

I hereby consent to my child's participation in the Zenith Gymnastics Summer Camp and agree to assume the risks involved. Indeed I understand there are risks, possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. I however give permission for the above named camper to participate in all camp activities including use of inflatables. I hereby forever waive, and forever release and discharge Zenith Gymnastics, their officers and employees from all liabilities, all damages, and injuries suffered by the participant in connection with use of equipments, instructors, and facilities. I understand that Zenith Gymnastics does not provide medical insurance relative to accidents or injuries sustained as a result of program-related activities and that I must provide my own accident/medical insurance. I also authorize any member of Zenith Gymnastics camp staff to act on my behalf during camp. By participating in a summer program, the child agrees to cooperate with the staff and follow Zenith Gymnastics guidelines for appropriate conduct.

Deposit is Non-refundable. Total balance for the week is due on the first day of the week. Deposit, Tuition and Registration fees are not transferable from child to child, as well as not transferable from week to week.

Parent/Guardian Signature _____

D.L.# / State _____ / _____

Printed Name _____

Date _____ / _____ / _____