

**For Office Use Only**

Cash/Check# \_\_\_\_\_ Pymt. \_\_\_\_\_ Date \_\_\_\_\_

2011

**CAMP REGISTRATION FORM**

Return form with payment attached  
One form per child

Name \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home- \_\_\_\_\_

Work- \_\_\_\_\_

Cell - \_\_\_\_\_

Circle week #'s attending

**SKILLS CAMP**    wk #1    wk #2

**FUN Camp-** wk #3 wk #4 wk #5 wk #6 wk #7    wk #8    wk #9 wk #10

Reg. Fee (\*if applicable) \_\_\_\_\_

Skill's Camp 1<sup>st</sup> Week (\$200) \_\_\_\_\_

Skill's Camp 2<sup>nd</sup> Week (\$200) \_\_\_\_\_

1<sup>st</sup> week Fun Camp (\$195) \_\_\_\_\_

ADD A WEEK (Fun Camp)

# \_\_\_\_\_ Weeks x \$190.00 = \_\_\_\_\_

All 10 Weeks for \$1,700.00 if \_\_\_\_\_

Pd in full by 6/1/11 \_\_\_\_\_

Early Drop-off/Late Pick-up fee \_\_\_\_\_

Drop-off time \_\_\_\_\_

Pick-up time \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

*I am the legal guardian of the above named child. I understand that I am required to sign a waiver of liability and have read and agree to follow the policy statement of C.P.A.G.*

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*REGISTRATION FEE**

Summer Reg. Fee-\$15.00

Families of 3 or more-\$40.00

\*Students enrolled in any 10-11 session pay no **summer** registration fee.

**CPAG POLICY STATEMENT PAYMENT**

- Camp payment and reg. form are due at time of registration.
- Payment can be made by check or cash.
- Make checks payable to CPAG with phone number, child's name, and camp weeks attending.
- Return check fee is \$30.00

**REFUNDS**

- There are no refunds except for medical reasons.

**MISSED CLASSES**

- There are no deductions for missed classes.

**ARRIVAL & DISMISSAL**

- Students should arrive and depart on time.
- Early arrival and late pick-up is available. Please inquire at front desk for details and fees.
- Children are not allowed outside the building without an adult.

**ATTIRE**

- One piece leotard, no skirt. Hair in a ponytail, bare feet.**
- Campers should bring sneakers & socks daily.**
- Fun Campers should bring swim suit & sunscreen daily.**
- NO JEWELRY OF ANY KIND.**

**SAFETY**

- NO ONE is permitted on the gym floor or equipment unless accompanied by an instructor.
- No gymnastics in waiting areas.
- Children need to wait quietly in their designated waiting areas. Parents are responsible for their child's safety in these areas.
- Chewing gum, glass containers & running are not permitted in the building.

Proper behavior is very important for the safety of your child. Any student acting in an inappropriate manner will be asked to leave the gym. Continued misconduct will be cause for permanent dismissal from the program.

**NO REFUNDS WILL BE GIVEN.**

**PARENT/GUARDIAN WAIVER FORM**

I agree that my daughter, named on reverse, will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to them. I agree that my daughter is participating in these activities and is assuming all risks of injury that might result. I hereby agree to waive any claims or rights that I might otherwise have to sue C.P.A.G., its employees, owners, officers, or agents for injuries that might occur as a result of these activities. C.P.A.G. will make no evaluation or recommendation whether your daughter is physically fit for any exercise activity. It is always advisable to consult a physician prior to undertaking any physical exercise program. If my daughter has any physical condition that may impair her ability to engage in these activities, it is my responsibility to obtain a physician's statement describing any limitations to participate in the program.

X \_\_\_\_\_

Parent/Guardian signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Publicity Release Form  
Photographs & Videotaping**



Many exciting events are captured on film. CPAG will be taking pictures of students to display on our bulletin boards, newsletter and our web page. Please fill out the release form below as to your preference in displaying your child's picture and return it to CPAG as soon as possible.

I do \_\_\_\_\_ (or) I do not \_\_\_\_\_ give permission for my child's picture to be used for advertising or display on Central PA Academy of Gymnastics bulletin boards, newsletter, and/or web page. No names will be listed.

X \_\_\_\_\_

Parent/Guardian signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_