



13601 Providence Rd
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(704) 847-0785
(704) 847-0587 fax

2020 SUMMER CAMP

Preschool Gymnastics Camp - Ages 3 - 5½ \$175.00/week

9:00 AM-1:00 PM, Monday - Friday

June 15-19 July 6-10 July 20-24 August 10-14

Tumble and Art Camp - Ages 5½ - 12 \$225.00/week

9:00 AM-1:00 PM, Monday - Friday

June 22-26 July 13-17 July 27-31 August 3-7

(PLEASE COMPLETE ONE FORM PER CAMPER)

CAMPER NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DOB: ____/____/____ AGE: ____ SEX: MALE FEMALE

EMAIL: _____ (PLEASE PRINT)

PARENT/GUARDIAN NAME: _____

PHONE CONTACT DURING CLASS HOURS: _____ ALTERNATE PHONE NUMBER: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE # _____

PHYSICIAN: _____ ALLERGIES/MEDICAL CONDITIONS: _____

INSURANCE: _____ POLICY #: _____

PAYMENT IS NON-REFUNDABLE, NON-TRANSFERABLE AND DUE WITH REGISTRATION

State of North Carolina Union County - Release Agreement and Assumption of Risk IN CONSIDERATION of the covenants herein obtained and agreement with Southeastern Gymnastics, Inc., its officers, agents, and employees, for My Child _____ My Ward _____ Myself _____ (check one) (Full Name) _____

to receive instruction in Gymnastics and all activities incidental thereto, or to engage in gymnastics at Southeastern Gymnastics, **Inc.**, I do hereby release and discharge Southeastern Gymnastics Inc., its officers, agents, and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Southeastern Gymnastics Inc., its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities.

I understand the risks involved with contagious diseases including, but not limited to, those with pandemic involvement, and release and discharge Southeastern Gymnastics Inc., its officers, agents, and employees from all claims, demands, actions, judgments and executions which I, my child or ward, or our heirs, executors, administrators, or assigns as applicable, may have, or claim to have, against Southeastern Gymnastics Inc., its agents or employees as they relate to any personal illness, illness transmitted to others, and death or death of others resulting from all contagious diseases.

I agree to abide by the posted rules and regulations of Southeastern Gymnastics Inc, including those pertaining to financial responsibility, and agree to follow the instructions of the staff. **I have read this release agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.**

Signature (Parent/Guardian) _____ Date: _____

Name (Print) _____