



13601 Providence Rd
Weddington, NC 28104
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southeasterngymnastics@gmail.com
(704) 847-0785

2021 SUMMER CAMP

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

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

June 21-24 July 19-22 August 16-19

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

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

June 14-17 July 12-15 August 2-5 August 9-12

(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 contained and agreement with Southeastern Gymnastics, Inc., its officers, agents, and employees, for My Child _____ My Ward ___ Myself _____ (check one) (FULL Name, Child) _____ 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) _____