13601 Providence Rd
Weddington, NC 28104
www.southeasterngymnastics.com
southeasterngymnastics@gmail.com
(704) 847-0785
(704) 847-0587 fax

2019 SUMMER CAMP

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

9:00 AM-1:00 AM, 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 8-12 □ 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 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, its officers, agents and employees, for my ☐ Child, ☐ Ward (check one) (Insert Full Name) _____ to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics at Southeastern Gymnastics, I do hereby release and discharge Southeastern Gymnastics, 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, 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 agree to abide by the posted rules and regulations of Southeastern Gymnastics and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics that can cause harm, injury or death. I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I hereby authorize any emergency medical treatment for my child by physician, health service or hospital.

Parent/Guardian Signature: _____ **Date:** _____

MY CHILD MAY BE PHOTOGRAPHED FOR PROMOTIONAL MATERIALS FOR SOUTHEASTERN GYMNASTICS. ☐ **YES** ☐ **NO**