

DOUBLE DOWN ATHLETICS

2018 Summer Camp Sport/ Cheer/ Preschool Camps

Tel 407-365-8021 Fax 407-365-8022

KINDLY PRINT LEGIBLY



REGISTRATION FORM

PARTICIPANTS INFORMATION

PARTICIPANTS NAME	DATE OF BIRTH (MM/DD/YYYY)	Age	Allergies
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HOME PHONE	Summer Camps Dates Mark Dates Needed Here Sports Camp Dates Session 1: May 29 th -June 1st (4 Days- \$125) Session 2: June 4 th -8th Session 3: June 11 th -15th Session 4: June 18 th -22nd Session 5: June 25 th -29th Session 6: July 9 th -13th Session 7: July 16 th -20th Session 8: July 23 rd -27th Session 9: July 30 th -Aug 3rd Session 10 th : Aug 6 th -9th (4 Days- \$125)		Camp Fees Sports and Cheer Camp Fee: \$150/Wk Add'l Child: \$125/Wk Daily Rate: \$40/Day 2 nd Child Daily: \$35/Day Summer and Cheer Camp Hrs 9am-4pm Preschool Camp Hrs: 9am-2 Early Drop off – 7 am/ Free Late Pick up – 6:00/\$5/Day *SPACE IS LIMITED*
HOME ADDRESS	Preschool Camp Dates: Session P1: June 4 th -8th Session P2: July 30 th - 8/3 Preschool Camp Fees: \$125		
Balance: _____ Paid: _____ Owes: _____ Office Staff Member Initial: _____	Cheer Camp Dates: Session C1: June 25-29 Session C2: July 23-27		
Payments:	JULY 2 nd -6 th CLOSED FOR 4 TH OF JULY		

PARENT/GUARDIAN INFORMATION

MOTHER'S FULL NAME	CELL PHONE	WORK PHONE	
FATHER'S FULL NAME	CELL PHONE	WORK PHONE	
PARENTS EMAIL ADDRESS			
EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED	CELL PHONE	HOME PHONE	RELATIONSHIP TO PARTICIPANT

MEDICAL WAIVER/RELEASE OF RESPONSIBILITY

I ACKNOWLEDGE, UNDERSTAND, AND ASSUME ALL RISK INVOLVED IN ANY ACTIVITIES ON THESE PREMISES, INCLUDING BUT NOT LIMITED TO , GYMNASTICS AND/OR CHEERLEADING, MARTIAL ARTS, DANCE, TUMBLING CLASSES AND INFLATABLE PLAY. I FURTHER AGREE TO HOLD HARMLESS DOUBLE DOWN ATHLETICS, THE LOCATIONS LANDLORD, OPERATORS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS, SUITS, LOSSES OR DAMAGES OF ANY NATURE WHATSOEVER, INCLUDING BUT NOT LIMITED TO SUCH CLAIMS THAT RESULT FROM MY CHILDS INJURY OR DEATH, WHETHER IT BE ACCIDENTAL, AS A RESULT OF NEGLIGENCE OR OTHERWISE, DURING OR ARISING IN ANY WAY FROM GYMNASTICS AND/OR CHEERLEADING, MARTIAL ARTS, DANCE, TUMBLING CLASSES AND INFLATABLE PLAY. I FULLY UNDERSTAND THAT DOUBLE DOWN ATHLETICS AND DOUBLE DOWN ATHLETICS' STAFF MEMBERS ARE NOT PHYSICIANS OR MEDICAL PRACTITIONERS OF ANY KIND. WITH THE ABOVE IN MIND I HEREBY RELEASE DOUBLE DOWN ATHLETICS' STAFF TO RENDER TEMPORARY FIRST AID TO MY CHILD OR CHILDREN IN THE EVENT OF INJURY OR ILLNESS, AND GRANT PERMISSION TO LICENSED HOSPITAL AND EMT STAFF TO ADMINISTER IMMEDIATE MEDICAL TREATMENT AS DEEMED NECESSARY TO MY CHILD SHOULD HE/SHE BE INJURED DURING ANY EVENT HE OR SHE IS LEFT IN THE CARE OF DOUBLE DOWN ATHLETICS ' STAFF. FURTHER, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED RELATING TO MY CHILDS MEDICAL TREATMENT. PARENTS SHOULD MAKE THEIR CHILDREN AWARE OF THE POSSIBILITY OF INJURY AND ENCOURAGE THEIR CHILDREN TO FOLLOW ALL THE SAFETY RULES AND THE COACHES' INSTRUCTIONS. IN SIGNING, I AFFIRM THAT I HAVE READ THIS FORM IN ITS ENTIRETY AND THAT I UNDERSTAND THE NATURE OF THE SPORTS OF GYMNASTICS AND/OR CHEERLEADING, MARTIAL ARTS, DANCE, TUMBLING CLASSES AND INFLATABLE PLAY.

PARENT/GUARDIANS SIGNATURE	DATE	PARTICIPANT'S SIGNATURE (18 AND OVER)	DATE
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REGISTRATION INFORMATION

- Please indicate who is authorized to pick up your child
- Photo ID Required

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____