

Xtreme Summer Camps 2018

\$240
per week



Camper Registration Form
301-251-5525



PLEASE CIRCLE CAMP TYPE

XTREME STARS CAMP

(ages 5-13. Includes basic instruction of Acrobatics, Gymnastics and Cheerleading)

XTREME WARRIORS CAMP

(ages 7-14. Includes basic instruction of Parkour, Freerunning, Tumbling and Agility)

XTREME TUMBLING CAMP

(ages 9-18. Includes indepth instruction on Standing and Running Tumbling)

*TUMBLE TYKES CAMP

(ages 4-6. Includes basic instruction on Gymnastics and Acrobatics. Half day camp from 9-12. Select weeks only. \$175)

PLEASE CIRCLE DESIRED WEEK

June 18th - June 22nd July 30th - August 3rd

*June 25th - June 29th August 6th - August 10th

July 9th - July 13th August 13th - August 17th

July 16th - July 20th *August 20th - August 24th

*July 23rd - July 27th August 27th - August 31st

* TUMBLE TYKES CAMP AVAILABLE

Extended Day

Option:

Drop off as early as 8am, Pick up as late as 6pm. \$85 per week, \$20 per day

YES _____ NO _____



9am-3pm

Payment in full is required to hold your spot. Make checks payable to "Xtreme Acro & Cheer"
OR Credit Card: Visa or MC _____ exp _____ 3 digit # on back _____

I understand that these sports are inherently dangerous. I accept that any activity involving motion or height can cause serious, permanent or fatal injury. I assume all risks and hazards incidental to such participation; and I do hereby waive, release, absolve, indemnify and hold harmless Xtreme Acro and Cheer and its employees from any claim arising out of injury to the participant(s) whether the result is of negligence or for any other cause. I and those that I am responsible for will support and abide by the gym rules and policies posted in the gym. The participant(s) has had a medical examination within the last twelve months and are physically, mentally and emotionally capable of participating in these sports. I understand that I am expected to carry my own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while I am at Xtreme Acro and Cheer. If necessary, I authorize Xtreme Acro and Cheer to administer first aid and/or authorize medical treatment. I also understand that my signature gives consent and release agreement for all participants that I sign for.

Parent Signature _____ Date _____

PLEASE CIRCLE DESIRED CAMP & WEEK ABOVE

R Participant's Name: _____ Age: _____
E Address: _____
G City, State, Zip: _____
I Phone: _____
S Parent 1 Name: _____ Work #: _____
T Parent 2 Name: _____ Work #: _____
R Parent's signature: _____
A Camp Type: _____ Week: _____
T Extended Day Option (\$85 a week, \$20 a day) : YES _____ NO _____
I
O
N

A HEALTH FORM IS ALSO REQUIRED TO PARTICIPATE

Located under the Forms Section of our website
www.xtremeacroandcheer.com

Email Forms to:
xtremegym@verizon.net
Mail to:
14702 Southlawn Ln, Rockville,
MD 20850
Fax to:
301-251-2116