

Xtreme Summer Camps 2019



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)

PLEASE CIRCLE DESIRED WEEK

- | | |
|-----------------------|---------------------------|
| June 17th - June 21st | July 29th - August 2nd |
| June 24th - June 28th | August 5th - August 9th |
| July 8th - July 12th | August 12th - August 16th |
| July 15th - July 19th | August 19th - August 23rd |
| July 22nd - July 26th | August 26th - August 30th |

Extended Day Option:

Drop off as early as 8am, Pick up as late as 6pm. \$85 per week, \$20 per day
YES _____ NO _____



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 _____
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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