



Summer Camp

Registration Form

Select Full or Part Time:

Part Time: 9:30am-3:00pm \$169 per week _____ (check)

Full Time: 7:30am-6pm \$189 per week _____ (check)

Select Weeks:

Week	Initial for All Weeks Attending
Week 1 June 1 – June 5	
Week 2 June 8 - June 12	
Week 3 June 14 – June 18	
Week 4 June 21 – June 25	
Week 5 June 28 – July 2	
Week 6 July 5 – July 9	
Week 7 July 12 – July 16	
Week 8 July 19 – July 23	
Week 9 July 26 – July 30	
Week 10 August 2 – August 6	

Disclaimer and Camper Information

A Deposit of \$250.00 is required to accept this Registration. The amount of \$250 or your Total balance whichever is lesser amount. All deposits are non-refundable. Please be advised that any activity involving motion and heights creates the possibility of serious injury or even death. Parents assume all responsibility and risk & hold Flip City Gym and Cheer Inc. harmless. In addition, Flip City is not responsible for any treatment or losses due to participation in said activity. I have read and understand the parent responsibilities.

Parent/Guardian Signature: _____

Camper Name: _____ **Parent Name:** _____

Cell Phone: _____ **Work Phone:** _____

Emergency Contact (Name & Phone): _____