



2018 Spirit Xtreme  
Summer Tumbling Camp  
Registration

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_

Mother \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Contact Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size\* – YXS\_\_\_ YS\_\_\_ YM\_\_\_ YL\_\_\_ AXS\_\_\_ AS\_\_\_ AM\_\_\_ AL\_\_\_ AXL\_\_\_  
                  QTY      QTY      QTY      QTY      QTY      QTY      QTY      QTY      QTY

\*Every Athlete will receive 1 free camp shirt. June camp registrations paid by **Friday, May 25th** will receive their free shirt on the first day of camp. July camp registrations paid by **Friday, June 22<sup>nd</sup>** will receive their free shirt on the first day of camp. Registrations paid after the deadline will receive their shirts at a later date. Additional shirts can be purchased for \$15. Athletes attending multiple sessions will receive 1 free shirt.

**\$120/Camp Session (Includes snacks and camp shirt)**

<b><u>Session 1: June 11-13</u></b>	
<input type="checkbox"/> Level 1-2 9:00-12:00	<input type="checkbox"/> Level 3-4-5 12:30-3:30
<b><u>Session 2: June 18-20</u></b>	
<input type="checkbox"/> Level 1-2 9:00-12:00	<input type="checkbox"/> Level 3-4-5 12:30-3:30
<b><u>Session 3: July 16-18</u></b>	
<input type="checkbox"/> Level 1-2 9:00-12:00	<input type="checkbox"/> Level 3-4-5 12:30-3:30
<b><u>Session 4: July 23-25</u></b>	
<input type="checkbox"/> Level 1-2 9:00-12:00	<input type="checkbox"/> Level 3-4-5 12:30-3:30

**Medical Release and Policy Acknowledgment**

I, the parent or legal guardian of the above named student hereafter referred to as 'student', do hereby permit the 'student' to participate in gymnastics, tumbling, cheerleading or any other physical activities while a student at Spirit Xtreme, Inc. By granting permission for 'student' to participate in programs at Spirit Xtreme, I assume full responsibility for 'students' personal safety and release Spirit Xtreme Inc., its supervisors and employees from any and all liabilities that may arise due to any injury including death to 'student' by reasons of 'students' participation in any activity at Spirit Xtreme or in which Spirit Xtreme is participating elsewhere. I have read, understand and execute this release and acknowledgment:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Date:	_____
Amount Paid:	_____
Cash / Check #	_____
Credit	_____
Rec'd By:	_____