

# HOLIDAY WINTER WONDERLAND CAMP 2009

1. Camper's Name: \_\_\_\_\_ AGE \_\_\_\_\_

2. Camper's Name: \_\_\_\_\_ AGE \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**Please indicate the time your camper(s) will be attending an any Extended Care needed:**

<u>Camp Dates</u>	<u>Full Day Camps</u>	<u>Half Day</u>	<u>Half Day</u>	<u>Extended Care</u>	
	<u>\$49/day/child</u>	<u>Morning Only</u>	<u>Afternoon Only</u>	AM	/ PM
	<u>9:00am-5:00pm</u>	<u>\$30/day/child</u>	<u>\$30/day/child</u>	<u>\$5/hour/child</u>	
		<u>9:00- 12:30pm</u>	<u>1:30-5:00pm</u>	8-9	5-6
Monday, December 21					
Tuesday, December 22					
Wednesday, December 23					
Thursday, December 24					
Monday, December 28					
Tuesday, December 29					
Wednesday, December 30					
Thursday, December 31					

**Discounts:** Receive a \$5 discount for siblings. Also receive 10% off if you sign up for all 8 days!

**Some camp rules:**

- We provide them with snacks and a lunch (Pizza) – If your child can not eat pizza please bring in your own lunch
- We provide extended care if you would like to sign up for that. However, after extended care, 6pm, late pick ups will be charged \$1 per minute that they are late.
- Your spot is not reserved until it is paid for. Payment is due in full when you sign up.

**Payment: Please check one**

Check enclosed:  Cash enclosed

Charge:  Visa  Mastercard  AMEX  Autopay

1<sup>st</sup> child

Camp Fee \$ \_\_\_\_\_

Ext. Care \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

2<sup>nd</sup> Child

Camp Fee \$ \_\_\_\_\_

Ext. Care \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Totals:

1<sup>st</sup> Child \$ \_\_\_\_\_

2<sup>nd</sup> Child \$ \_\_\_\_\_ 2<sup>nd</sup> Child Disc. \_\_\_\_\_

Additional Disc. \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

I authorize Azarian Gymnastics or its authorized agent to consent to any medical treatment and/or hospital, which is given to the child, listed on this form, under the supervision of a duly licensed physician or trained medical personnel. Also, unless otherwise stated, I understand that my child will be participating in a gymnastics related activity at Azarian Gymnastics. I understand that as with all physical activities, there is a chance for injury. I therefore hold AUSCTC; its employees and its officers harmless should any injury occur.

I agree to allow AUSGTC to use photographs including the above named minor to be used for marketing purposes.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_