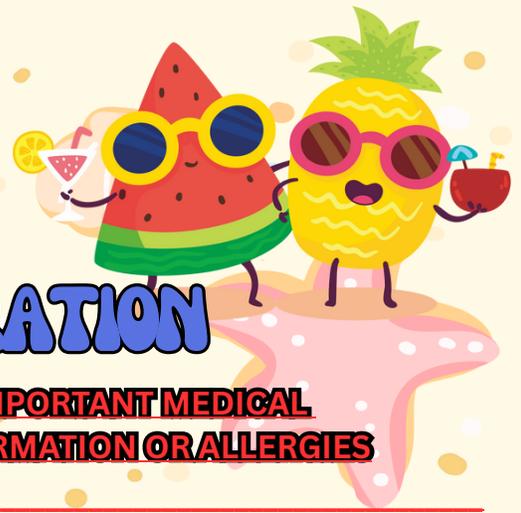




EPIC *Gymnastics*



SUMMER CAMP REGISTRATION

FULL DAY

8:00 AM-5:00 PM

5 DAYS	\$180
4 DAYS	\$160
3 DAYS	\$140
2 DAYS	\$110
1 DAY	\$60

HALF DAY

8:00 AM-12:00 PM /
1:00 PM-5:00 PM

5 DAYS	\$140
4 DAYS	\$130
3 DAYS	\$110
2 DAYS	\$90
1 DAY	\$50

IMPORTANT MEDICAL INFORMATION OR ALLERGIES

1st Child's Name _____ Age _____ DOB _____

2nd Child's Name _____ Age _____ DOB _____

3rd Child's Name _____ Age _____ DOB _____

Parent's Name(s) _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____

Emergency Contact _____

Emergency Contact Phone _____

Authorized Pick-up

You are allowed 3 designated individuals for pick-up. Individuals coming to pick up your child must provide **identification** and your **pick-up password**.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Password _____

READ AND INITIAL EACH POLICY

___ Athletic wear ONLY. No buttons, zippers, clasps, buckles, or skirts

___Children are to bring 2 snacks, lunch, and drinks. We do sell snacks and drinks, snack punch cards are available for purchase

___Payment is automatically charged to the card on file every Friday before the coming week's registered attendance. Any changes must be made the Thursday prior to billing.

___We require a payment method in the form of a credit/debit card to be on file unless you are paying for the entire summer upfront

___No refunds or credits will be given for registration fees or tuition for missed days (makeup days can be worked out)

___Additional days will be charged separately, at the price stated on the flyer on the day of.

___I have fully read and understand all of the policies listed above.

Mon 6/2	Full	_____	Half	_____	AM	PM	Mon 7/7	Full	_____	Half	_____	AM	PM
Tues 6/3	Full	_____	Half	_____	AM	PM	Tues 7/8	Full	_____	Half	_____	AM	PM
Wed 6/4	Full	_____	Half	_____	AM	PM	Wed 7/9	Full	_____	Half	_____	AM	PM
Thu 6/5	Full	_____	Half	_____	AM	PM	Thu 7/10	Full	_____	Half	_____	AM	PM
Fri 6/6	Full	_____	Half	_____	AM	PM	Fri 7/11	Full	_____	Half	_____	AM	PM
Mon 6/9	Full	_____	Half	_____	AM	PM	Mon 7/14	Full	_____	Half	_____	AM	PM
Tues 6/10	Full	_____	Half	_____	AM	PM	Tues 7/15	Full	_____	Half	_____	AM	PM
Wed 6/11	Full	_____	Half	_____	AM	PM	Wed 7/16	Full	_____	Half	_____	AM	PM
Thu 6/12	Full	_____	Half	_____	AM	PM	Thu 7/17	Full	_____	Half	_____	AM	PM
Fri 6/13	Full	_____	Half	_____	AM	PM	Fri 7/18	Full	_____	Half	_____	AM	PM
Mon 6/16	Full	_____	Half	_____	AM	PM	Mon 7/21	Full	_____	Half	_____	AM	PM
Tues 6/17	Full	_____	Half	_____	AM	PM	Tues 7/22	Full	_____	Half	_____	AM	PM
Wed 6/18	Full	_____	Half	_____	AM	PM	Wed 7/23	Full	_____	Half	_____	AM	PM
Thu 6/19	Full	_____	Half	_____	AM	PM	Thu 7/24	Full	_____	Half	_____	AM	PM
Fri 6/20	Full	_____	Half	_____	AM	PM	Fri 7/25	Full	_____	Half	_____	AM	PM
Mon 6/23	Full	_____	Half	_____	AM	PM	Mon 7/28	Full	_____	Half	_____	AM	PM
Tues 6/24	Full	_____	Half	_____	AM	PM	Tues 7/29	Full	_____	Half	_____	AM	PM
Wed 6/25	Full	_____	Half	_____	AM	PM	Wed 7/30	Full	_____	Half	_____	AM	PM
Thu 6/26	Full	_____	Half	_____	AM	PM	Thu 7/31	Full	_____	Half	_____	AM	PM
Fri 6/27	Full	_____	Half	_____	AM	PM	Fri 8/1	Full	_____	Half	_____	AM	PM
Mon 6/30	Full	_____	Half	_____	AM	PM	Mon 8/4	Full	_____	Half	_____	AM	PM
Tues 7/1	Full	_____	Half	_____	AM	PM	Tues 8/5	Full	_____	Half	_____	AM	PM
Wed 7/2	Full	_____	Half	_____	AM	PM	Wed 8/6	Full	_____	Half	_____	AM	PM
Thu 7/3	Full	_____	Half	_____	AM	PM	Thu 8/7	Full	_____	Half	_____	AM	PM
Fri 7/4			CLOSED				Fri 8/8	Full	_____	Half	_____	AM	PM



Recurring Weekly Charge Authorization

I hereby authorize Epic Gymnastics to charge the credit/debit card on file (and listed below) **EVERY FRIDAY** for the upcoming day camps I have preselected and understand that the amount is based on the number of days a week that I have chosen. I have been informed that days selected must be change or cancelled no later that the Thursday prior to the week/day of attendance or else I am financially responsible for the camp fees. **No refunds, exchanges, or credits will be given on tuition/registration for missed day regardless of illness/injury. No exceptions.**

Authorized Signature_____

Date_____

Cardholder Authorization

Name on Card_____

Billing Address_____

Cardholder Phone_____

Card Number____ XXXX - XXXX _____

Expiration Date _____ CID_____

Cardholder Signature_____

Print Cardholder Name_____