

SUMMER JAMBOREE

CAMPER INFORMATION FORM

Name _____ Date of Birth _____ Sex _____

Home Address _____ Home Phone # _____

Cell Phone# _____

Parent or Guardian _____ Email _____

It is the policy of Tiny Tumblers Preschool to take all precautions to prevent any injuries. However, please fill out the information listed below so we may act quickly in the event of an incident.

Person to call if parent cannot be reached:

Name _____ Phone # _____

Doctor's Name _____ Phone # _____

Any intolerance to drugs, medication, food or drink _____

Any previous or current illness, condition or injury the Tiny Tumblers Preschool Staff should be aware of _____

If so, are there any restrictions _____

Size of T-shirt (CXS) 2-4 (CS) 6-8 (CM) 10-12 (CL) 14-16

CAMPER MEMBERSHIP AGREEMENT

1. APPRECIATION OF RISK - I am fully aware of and appreciate that gymnastics activity involves motion, rotation and/or height and, therefore, creates the possibility of serious accidental injury.

2. MEDICAL ATTENTION - I hereby release the Tiny Tumblers Preschool Staff to render temporary first aid treatment to my child, _____, in the event of an injury during the course of participation in the program.

3. SESSIONS ATTENDING - Please check all sessions attending

Session 1 _____	June 4– June 8	Session 4 _____	June 25– June 29
Session 2 _____	June 11 – June 15	Session 5 _____	July 9– July 13
Session 3 _____	June 18- June 22	Session 6 _____	July 16- July20

4. PAYMENT - ALL payments due by MAY 26th! I understand that this amount is nonrefundable unless canceled on or before May 26th in which case all except \$50 will be refunded. After this time, the total fee is nonrefundable. There will be no camp makeups. However, if your child misses due to illness, the child will be allowed to make up in two gymnastics classes for each day missed by scheduling a make up with the pro shop staff. Make ups must be done during the 2018 Summer or Fall sessions.

As parent and/or legal guardian of, I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate in camp activities.

PARENT or GUARDIAN _____ DATE _____