

### Summer Camp Registration Form & Student Information

1st Student	Gender	Age	/ / D.O.B.	Medical concern/Allergies
2nd Student	Gender	Age	/ / D.O.B.	Medical concern/Allergies
3rd Student	Gender	Age	/ / D.O.B.	Medical concern/Allergies
4th Student	Gender	Age	/ / D.O.B.	Medical concern/Allergies
( ) _____	( ) _____	( ) _____	( ) _____	Parent Work #
Home Phone	_____ 's Cell	_____ 's Cell		
Home Address	City	State	Zip Code	
Parent's Names			Family E-Mail Address	
How did you hear about St. Louis Gym Centre? _____				
Can we use a picture of your child on our brochures or website? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### Camp Information

**Camp Full Day Weeks:** (please circle week/s you are attending)    June 6-10    August 8-12  
T-Shirt Size (full day camp only) Please circle one:    Child:    S M L    Adult:    S M L

**Camp 1/2 Day Weeks:** (please circle days you are attending)

**Preschool: Monday** 6/13 - 6/20 - 6/27 - 7/11 - 7/18 - 7/25 - 8/1

**Thursday** 6/16 - 6/23 - 6/30 - 7/7 - 7/14 - 7/21 - 7/28 - 8/4

**Recreational: Monday** 6/13 - 6/20 - 6/27 - 7/11 - 7/18 - 7/25 - 8/1

**Thursday** 6/16 - 6/23 - 6/30 - 7/7 - 7/14 - 7/21 - 7/28 - 8/4

**Art/Gymnastics Camp: Wednesday** 6/15 - 6/22 - 6/29 - 7/6 - 7/13 - 7/20 - 7/27

### Payment Information

Tuition (full payment)	\$ _____	Check # _____
Deposit Required	\$ _____	Credit Card Type: MC    VISA    DISC
Annual Registration (if applicable)	\$ _____	Name on card: _____
Extended Day (if applicable)	\$ _____	Card # _____
Total Enclosed	\$ _____	Ex. Date _____ Verification # _____

### Acknowledgment of Risk, Waiver of Liability, Medical Authorization

As legal guardian of \_\_\_\_\_ I hereby consent to have my child(ren) participate in programs offered by St. Louis Gym Centre. It is hereby agreed that I, my child(ren) adopted or ward, and my personal representatives, waive and release all rights and claims for damages that I or my child(ren) may have at any time against the Centre, its representatives, whether paid or volunteer, for any injury or damages in connection with the gym programs or any other activities related to the Centre. The risks involved in respect to such a program are fully understood by me and I sign this release voluntarily.  
**PERMISSION FOR MEDICAL TREATMENT:** I confirm that the person named above is in good physical health. I hereby authorize simple first aid and consent to any x-ray, exam or medical diagnosis which is deemed necessary.

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

\_\_\_\_\_  
Date