

2009 Summer Camp Registration Form

Child's Name _____ Birthday ____/____/____

Address/City/Zip _____

Parents/Guardians _____

Home Phone _____

Work Phone _____

Cell Phone _____

Any Allergies? _____

Daily Medications? _____

Physician's Name _____ Phone# _____

Emergency Contact _____ Phone# _____

In the event that my child becomes ill or injured while attending *Gymnastics Revolution Summer Camp*, I authorize emergency medical care and give permission to contact my child's physician on my behalf. I understand that some emergency situations may require the local emergency staff be called before the parent. *Gymnastics Revolution* will make an attempt to reach me should any medical situation arise.

Signature _____ Date ____/____/____

Please circle all camps that your child will be attending.

Rock 'n' Roll Under The Big Top Under The Sea High School Musical Fantastic Gymnastics
 Dance And Drama Out Of This World Summer's End Luau Party

T-Shirt Size: EXTRA SMALL _____ SMALL _____ YOUTH MEDIUM _____ YOUTH LARGE _____

PERMISSION TO APPLY SUNSCREEN

As parent/guardian of _____, I give permission to **GYMNASTICS REVOLUTION** to apply sunscreen to exposed skin areas on my child before going outside. I authorize **GYMNASTICS REVOLUTION** staff to exercise its best judgment as to when sunscreen application and reapplication is required. **GYMNASTICS REVOLUTION** supplies sunscreen. If I require a particular sunscreen, I understand that it is my responsibility to provide it and label it with my child's name.

Signature _____ Date ____/____/____