

**TRACIE'S ALL-STAR
TUMBLING & CHEERLEADING**

SUMMER CAMP REGISTRATION

Participant's Name _____ D.O.B. _____ Age _____

Parent/Guardian Name _____

Address _____ City _____ Zip Code _____

Home # _____ Cell # _____ Work # _____

School _____ Grade _____

_____ My child has attended functions @ TRACIE'S.

Examples: '06 Summer Camps, weekly classes, Christmas Camp, or tumble clinics.

Circle the week/weeks you are registering for:

JUNE -

4 - 8 11 - 15 18- 22 25 - 29

JULY -

9 -13 16 - 20 23 - 27

Please keep in mind that we have limited space available at these camps, and you may or may not get the week you have chosen if you have not reserved it in advance. Please mail in this form with payment and you are registered.

I acknowledge and understand the risks involved in this activity and grant permission for my child to attend and assume all those risks. Above participants has elected to take part in certain recreational activities. In consideration for and as a condition of such participation, participant agrees to hold TRACIE'S ALL-STAR TUMBLING & CHEERLEADING and its instructors, staff, and employees, harmless from all suits, claims, and demands of every kind arising out of or in connection with the undersigned as a participant in said recreational program. Participant further releases TRACIE'S TUMBLING & CHEERLEADING and it's instructors, staff, and employees from all suits, claims and demands of every kind and character which participant or participant's successors or assigns shall or may have arising out of or by reason of or in connection with the course of instruction and activities contemplated in the program. It is understood that the participation in this activity could result in serious injury and/or death. It is declared that said participant is physically fit to participate in the program and is physically fit to participate in the program and is in good physical condition.

Parent/Guardian Signature _____ Date _____