

2017 Summer Camp Registration

Student Information (please print)

_____ / ____ / ____
 First Name Last Name Date of Birth

Home Phone: (____) _____

Street Address City State Zip code

Disabilities or conditions requiring our special attention:

Prior gymnastics experience: _____

How did you hear about us? _____

Parent/Guardian Information

_____ Primary Phone: (____) _____

Name Primary Phone: (____) _____

Name
 Email address: _____

(for important camp correspondences)

Emergency Contact Information

In the event of an emergency who to call if parents are unavailable.

_____ Name

_____ Relation to student

(____) _____

Phone Number




362 S. Warminster Rd.
 Hatboro, Pa 19040
 215-328-0900
 www.ricochets.com

Half Day AM 9:00 am - 12:00 pm **Full Day** 9:00 am - 3:30 pm
Half Day PM 12:30 pm - 3:30 pm *Extended Care is also available*

Please Circle Theme

Week 1 June 26-30	AM PM or FULL	Wild Wild West
Week 2 July 10-14	AM PM or FULL	Glitz & Glamour
Week 3 July 17-21	AM PM or FULL	Fitness Warrior
Week 4 July 24-28	AM PM or FULL	Around the World at Ricochets
Week 5 July 31-Aug 4	AM PM or FULL	Pirate's Cove
Week 6 Aug 7-11	AM PM or FULL	The Great Outdoors
Week 7 Aug 14-18	AM PM or FULL	Cirque du Ricochets
Week 8 Aug 21-25	AM PM or FULL	Under the Sea

Please use "Additional Services" form to register for Extended Care, Lunch Bunch, individual days, and AM or PM for individual days.

Please list who else is authorized to pick up your child from camp other than yourself and the emergency contact.

1.) _____ Phone: (____) _____ Relation to student: _____

Please select your method of payment: _____ Enclosed is a check payable to 'Ricochets Gymnastics'

_____ Cash

_____ Charge credit card (provide card information below)

*All cards are subject to 2% convenience fee)

AMOUNT TO BE CHARGED: _____ (minimum charge must cover deposit- \$50 per wk per child)

_____-_____-_____/_____-_____-_____-_____-_____-_____

Card Number CVV2 Code Expiration Date

Billing Address City State Zip code

_____ Name of Cardholder (please print)

_____ Signature of Cardholder

As the parent(s) or legal guardian(s) of the student(s) named above, I hereby consent to his/her participation in the programs offered by Ricochets Gymnastics, Inc. and to the use of all facilities at Ricochets Gymnastics, Inc. As a condition to participation in RICOCHETS programs, I hereby release and forever discharge Sarah Lang and Christopher Zimmerman and/or any employees, or any individual acting on behalf of RICOCHETS, and connected with this program in which I, or my child may participate, from any and all claims, demands, or losses of every kind and nature which may result to my child, myself, or my heirs, except where such losses or damages is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. I recognize and acknowledge all risks involved in participation in the above program and assume all risks inherent in participation in the same. I am aware that individual and group publicity photos and videos are taken from time to time, and I hereby grant permission for my or my child(ren)'s likeness to be used in Ricochets Gymnastics publicity or advertising. I have read and fully understand this liability waiver, and agree to the club policies.

_____ Parent/Guardian Signature

_____ Printed Name

_____ Date