

2017 Summer Camp Registration

Student Information (please print)

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

Home phone: (____) _____ Current class level: _____

Disabilities or conditions requiring our special attention:

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



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	Warrior Fitness
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 on account
 *subject to 2% convenience fee

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

 Parent/Guardian Signature Printed Name Date

