



**SUMMER TUMBLING DAY CAMP
REGISTRATION FORM**

PLEASE PRINT CLEARLY

Athlete Name: _____ Waiver signed & returned _____

TO REGISTER

1. Complete the form below and return to the office.
2. Fill out and sign a DECA Waiver form.
3. Payment must be received by the day attending.
4. Deposits to hold spots may be required if weeks fill up.
5. Athletes bring their own PEANUT FREE snacks and lunches.

Tumbling Camp focuses on various tumbling elements based on each athlete's skill level. They will also do some conditioning to work on strength and flexibility.

CHECK OFF DAYS ATTENDING

Time of camp is 9:00am – 3:00pm

JULY	Wk 1 July 5 – 9	Wk 2 July 12 – 16	Wk 3 July 19 – 23	Wk 4 July 26 – 30
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
AUGUST	Wk 5 Aug 3 – 6	Wk 7 Aug 9 – 13	Wk 8 Aug 16 – 20	Wk 9 Aug 23 – 27
	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

Extended Hours

Early Drop off: Prior to 8:30am \$5/half hour/family Late Pick up: After 3:30pm \$5/half hour/family

EARLY DROP OFF	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	TIME: _____	TIME: _____	TIME: _____	TIME: _____	TIME: _____
LATE PICK UP	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	TIME: _____	TIME: _____	TIME: _____	TIME: _____	TIME: _____

Waiver form must be signed and on file for the season

Annual insurance fee for June 15, 2010 to June 14, 2011 must be paid - \$25.00 HST included.

OFFICE USE ONLY

Registration Date:		Insurance Fee Paid:	<input type="checkbox"/>	Program Paid In _____
Insurance Fee: (\$25.00 HST included)		PAYMENT TYPE		
Camp Fee		<input type="checkbox"/> Cash Receipt No. _____		
Early Drop Off or Late Pick Up		<input type="checkbox"/> Cheque Chq No. _____		
HST (13%)		<input type="checkbox"/> Debit Card		
TOTAL		<input type="checkbox"/> Credit Card - Visa/Master Card/American Express		
DEPOSIT				
BALANCE				
Received By:		Date Received:		