



13601 Providence Rd Matthews, NC 28104 704-847-0785 www.weddingtonactivitycenter.com

**Preschool Camps - Ages 3-5 1/2**

**Preschool Gymnastics Camp (11:15-1:15, M-TH) \$98**

**Ages 3-5 1/2** June 13-16  June 27-30  July 18-21  Aug 1-4  August 8-11

**Preschool Gymnastics Camp (9-11, M-TH) \$98** **Ages 3-5 1/2** July 11-14

**Preschool Art Camp (9-11AM, M-TH) \$108** **Ages 3-5 1/2** June 13-16

**Preschool Soccer Camp (11:15-1:15) \$98** **Ages 3- 5 1/2** June 20-June 23

**Pre K-2<sup>nd</sup> Grade Camps- Ages 5-8 1/2**

**Princess Barbie Ballet Camp (11:15-1:15, M-F) \$108** **Ages 5-8 1/2** July 25-29

**Pee Wee Cheerleading Camp (11:15-1:15, M-F) \$108** **Ages 5-8 1/2** July 11-15

**Introduction to Pottery Art Camp (9-11AM, M-F) \$118** **Ages 5-8 1/2** Aug 8-12

**Tumble and Art Camp (9AM-1PM, M-F) Ages 5-8 1/2 \$198** June 13-17  July 18-22  Aug 8-12

**School Age Camps- Ages 9-13**

**Tumble and Art Camp (9AM-1PM, M-F) Ages 9-13 \$198** June 27-July 1  Aug 1-5

**Explore the World of Pottery Art Camp (9-11:30AM, M-F) \$128** **Ages 9-Adult**

July 25-July 29

**Cheer Tumbling Camp (9-11 AM) \$118** June 20-24  July 25-July 29

***Nonrefundable payment required in full with registration.***

Camper: Name (first, middle, last) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:** Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_

Emergency Contact: Name/Phone \_\_\_\_\_

Physician/Allergies/Medical/Conditions \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**Payment Method:** Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Visa  MC  Discover  # \_\_\_\_\_ Exp Date \_\_\_\_\_

**State of North Carolina Union County - Release Agreement and Assumption of Risk**

IN CONSIDERATION of the covenants herein contained and agreement with Southeastern Gymnastics, its officers, agents and employees, For My Child/Children  My Ward  (check one)

\_\_\_\_\_ (Insert Full Name(s)) to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics at the Southeastern Gymnastics, I do hereby release and discharge Southeastern Gymnastics, its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have or claim to have, against Southeastern Gymnastics, its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of Southeastern Gymnastics and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics that can cause harm, injury or death.

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I hereby authorize any emergency medical treatment for my child by physician, health service or hospital.

(Signature/Date – Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_