



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

Preschool Camps - Ages 3-5 1/2

Preschool Gymnastics Camp (11:15AM-1:15PM, M-TH) \$98, Ages 3-5 1/2

June 11-14 July 9 - 12 July 30 - Aug 2 August 6 -9 August 13-16

Preschool Gymnastics Camp (9-11AM, M-TH) \$98, Ages 3-5 1/2 June 18-21 July 23-26

Preschool Soccer Camp (11:15 - 1:15PM, M-TH) \$98, Ages 3-5 1/2 June 18-21

Kindergarten-3rd Grade Camps- Ages 5-8 1/2

Princess Barbie Ballet Camp (11:15AM-1:15PM, M-F) \$108, Ages 5-8 1/2 July 16-20

Pee Wee Cheerleading Camp (11:15AM-1:15PM, M-F) \$108, Ages 5-8 1/2 June 25-29

July 23-27

School Age Camps- Ages 9-13

Cheer Tumbling Camp (9:00-11:00AM, M-F) \$118, Ages 9-13 July 30 - Aug 3

Tumble and Art Camp (9AM-1PM, M-F) \$198, Ages 5-11

June 11-15 June 25-29 July 9-13 July 16- 20 August 6-10 August 13-17

Camper: Name _____

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 is non refundable and due with registration. 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

_____ (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 here by authorize any emergency medical treatment for my child by physician, health service or hospital.

Parent Signature:

Date:
