

# AGA Guest Information & Participation Form

CAMP 1 \_\_\_\_\_ CAMP 2 \_\_\_\_\_ CAMP 3 \_\_\_\_\_ CAMP 4 \_\_\_\_\_ EXT CARE Y / N

SHIRT SIZE: **SM**    **MED**    **LG**    **AD SM**    **AD MED**    **AD LG**

XTRA SHIRTS \$10.00 \_\_\_\_\_ **CLASS DAY/TIME** \_\_\_\_\_ GUEST \_\_\_\_\_

EXTENDED CARE:    YES    NO

CHILD'S NAME \_\_\_\_\_ M / F BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ *MOBILE* \_\_\_\_\_

FATHER \_\_\_\_\_ *WORK TELEPHONE* \_\_\_\_\_

MOTHER \_\_\_\_\_ *WORK TELEPHONE* \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the gymnastics summer camp activities on \_\_\_\_\_. I confirm that my child is in good health and has been examined by a doctor within the six (6) months. I give permission for American Gymnastics Academy (AGA) officials to call a doctor and person listed below in the event of an emergency. I will in no way hold American Gymnastics Academy officials or staff members responsible for any possible illness, accident or injury which might occur during the summer camp activities or traveling to and from the American Gymnastics Academy facility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

LIST ANY RESTRICTED ACTIVITIES \_\_\_\_\_

ALLERGIES (FOOD) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_