

Summer Camp Registration Form

Vernon Lee Amateur Gymnastics Academy
464. E. Walnut St. Pasadena, CA, 91101. Phone/Fax: 626/ 796-6011

* Fill out this form for each child you wish to enroll, and mail, fax, or deliver it to Vernon Lee along with your non-refundable \$50 per session/per child Deposit. (\$500 for Super Deal).

_____	_____	_____
Child First Name	Child Last Name	D.O.B.
_____	_____	_____
Address	Apt. #	City
_____	_____	_____
Home Phone Number	Fax Number (if applicable)	Email Address
_____	_____	_____
Contact 1 Name	Primary Number	Secondary Number
_____	_____	_____
Contact 2 Name	Primary Number	Secondary Number
_____	_____	_____
Camp Session (Week 1-10)	½ or Full Days	<u> M T W R F </u> Please Circle All Days of Week Attending

MEDICAL INFORMATION

Please list any medications, allergies, medical illnesses and/or physical limitations, and any special concerns you may have concerning your child in the space provided.

_____	_____
Primary Physician Name	Physician Phone Number
_____	_____
Insurance Provider	Policy Number
_____	_____
	Phone (if applicable)

In the event that I cannot be contacted in an emergency, I hereby give the staff of Vernon Lee Amateur Gymnastics Academy permission to obtain whatever medical treatment is deemed necessary for the welfare of my child listed in this application. I understand that I am financially responsible for all fees and charges regardless of whether or not my medical insurance covers them.

_____	_____	_____
Guardian Name Printed	Signature	Date