

Sign up now for Summer Camp!
 Your child will enjoy a day filled with fun and will participate in, **gymnastics, creative movement, recreational games, cheerleading and arts & crafts.**



Each week has its own theme. Listed below are the two packages we offer. For parents who need options after 3pm, please see the front desk. Your child must bring a drink and a snack. If they are staying until 3pm, please bring a sack lunch as well. Your child can wear comfortable clothing and slip on shoes.

White package 9-12pm - **\$100.00** *(Value \$150)

Red package 9-3pm - **\$130.00** *(Value \$200)



***Pre-registration price ends June 1st.**

ALLSTAR Cheerleading, Gymnastics & Dance



4680 Morton Road,
 Johns Creek, GA 30022
 770-552-0700 Office
 770-552-9942 Fax



www.**ALLSTAR**information.com

Summer CAMP Program



Week 1	June 6-10 – Rock star week
Week 2	June 13-17 – Sports Week
Week 3	June 20-24 – Super Hero Week
Week 4	June 27- July 1 – All American Week
Week 5	July 11-15 – Beach Week
Week 6	July 18-22 – Camp Olympics Week
Week 7	July 25-29 – Under the Sea Week

Registration Form on Other Side

Hurry, classes fill up quickly



SUMMIER CAMP

ALLSTAR Registration Form



- After School
- Cheerleading
- Unlimited Tumbling
- Dance
- Tumble Tykes
- Gymnastics
- Focus Group Tumbling
- Trampoline & Tumbling
- Other

Class \$ _____	Annual Reg Fee \$ _____
Day (Circle One)	Time: _____
M T W Th F S Sun	

I was Referred by:

Trial Date: _____

Participant Information

Participant Name _____ Home Number: _____

Address _____

City, State Zip _____

Age _____ DOB _____ Gender (Circle One) M F

Parent/Gaurdian Information

Mother's Name _____ Work Telephone _____

Email Address _____ Cellular Phone _____

Father's Name _____ Work Telephone _____

Email Address _____ Cellular Phone _____

Emergency Contact _____ Relationship _____

Telephone Number _____

Medical Information

Primary Care Physician _____ Telephone Number: _____

Insurance Carrier _____ Policy Number: _____

Allergies _____

List all previous injuries and/or physical limitation(s) _____

List all current medications: _____

Authorization

Video and Photography Release: I understand that my child's photograph/video may be taken during the course of class instruction or during a special event. I hereby grant my permission for the resulting video and /or photograph to be used for any and all publicity and printing purposes

Notice of Termination: I understand that ALLSTAR Programs requires notice by the 15th of the month prior to terminating a monthly class. One class attended for any month constitutes ownership of that class spot for the entire month.

I understand that in any activity the potential exists for injury, minimal to catastrophic. All Star Cheerleading, Gymnastics and Dance, it's employees agents, officers and directors shall not be responsible for losses and damage associated with participation in any activity, exhibition, competition, recital or clinic or travel to or from any event in which the above named is involved. I hereby release ALLSTAR Cheerleading, Gymnastics and Dance staff to render first aid in the event of any injury or illness, to see medical assistance if deemed necessary and to transport to a medical facility or to call an ambulance

Parents Signature _____ Date: _____

Method of Payment

Check Number: _____ Cash: _____ Credit Card _____ MC Visa AMEX Other