



# TaylorMade Activity Camp Registration Form

Camper Name(s) and Age(s)

\_\_\_\_\_  
\_\_\_\_\_

Please select the week(s) your child(ren) will be attending Activity Camp

\_\_\_\_\_ #1 June 1-4

\_\_\_\_\_ #6 July 5- 9

\_\_\_\_\_ #2 June 7-11

\_\_\_\_\_ #7 July 12-16

\_\_\_\_\_ # 3 June 14-18

\_\_\_\_\_ #8 July 19-23

\_\_\_\_\_ #4 June 21-25

\_\_\_\_\_ #9 July 26-30

\_\_\_\_\_ #5 June 28-July 2

\_\_\_\_\_ #10 August 2-6

Make Checks Payable to TaylorMade.

\_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa    \_\_\_\_\_ Discover

CC# \_\_\_\_\_ Expiration \_\_\_\_\_

CVV Code \_\_\_\_\_

**Mail registration form, camp waiver & non-refundable deposit to:**

TaylorMade Gymnastics Training Center, Inc.

297 Dividend Drive, Suite A

Peachtree City GA 30269

info@FlipFlyFun.com



**This Form Must Accompany Camper at Registration**

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_

**Parent #1 or Legal Guardian**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**Parent #2 or Legal Guardian**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Medical Information

Emergency Contact \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

Policy Number \_\_\_\_\_

1. I/We, parents/guardians of the above named participant, hereby give my/our approval to participate in any and all camp activities including but not limited to gymnastics, cheerleading, tumbling, dance and water games.
2. I/We know that participation in these activities may result in serious injury or death, and protective equipment does not prevent all injuries to participants. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless TaylorMade Tumbling & Cheer, Inc., its administrators, coaches, staff, and persons responsible for coordinating activities, from any claim arising out of injury or death to my/our child resulting from negligence or any other cause due to participation in sporting events, games, practices, exercise, general training, or using the facility and its equipment.

\_\_\_\_\_

Signature (Parent or Guardian)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature (Parent or Guardian)

\_\_\_\_\_

Date