



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

2010 Summer Camps

TUMBLE & ART \$198 June 14-18 June 21-25 June 28-July 2
July 12-16 July 19-23 July 26-July 30 Aug 2-6 Aug 9-13

Pre School Gym Camp (9AM-11AM) \$98
June 14-17 June 21-24 July 12-15 July 19-22 Aug 2-5 August 9-12

JR SOCCER CAMP \$98 June 28-July 1 July 26-29

PEE WEE Cheerleading: \$98 July 12-15 July 19-22

Princess Barbie Ballet \$135
June 14-18 Aug 2-6 Aug 9-13

Best of High School Musical Dance \$165
June 21-25 July 26-30

Hip Hop Dance Camp \$165
June 28-July 2

Art & Crafts Camp \$150 TBD

Kids Pottery Workshop \$150 TBD

A non-refundable payment required in full with registration.

CAMPER: Name (first, middle, last) _____

Address: _____ City _____ Zip _____

Date of Birth _____ Age _____ Sex _____ Email _____

PARENT/GUARDIAN INFORMATION: Name _____

Phone (Home) _____ (Cell/Work) _____

Emergency Contact: Name/Phone _____

Emergency Info: Physician/Allergies/Medical/Conditions _____

Insurance _____ Policy # _____

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 (check one) _____ (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 hereby authorize any emergency medical treatment for my child by physician, health service or hospital.

(Signature/Date - Parent/Guardian) _____