

Summer Camp Registration Form

Name: _____ Age: _____
Address: _____ Level: _____
City: _____ State: _____ Zip: _____

Parents contact info: _____

Name: _____

Address: _____

Phone: _____

Cell: _____

Emergency Contact if other than above. _____

Name _____ Relation to Child: _____

Phone: _____

Cell: _____

Insurance Info: _____

Company _____

Policy # _____

Group # _____

Phone # _____

Do you give permission to RGA to photograph your child?

Yes

No

Your child's leotard size

*Any allergies or injuries that we should know of? Please explain below.

Can your child swim? _____