



2024 SUMMER CAMP Registration

Athlete Name: _____ (Print Clearly)

D.O.B. ____/____/____ Age: _____ Sex: M ___ F ___ Cell: _____

Emergency Contact: _____ Emergency Phone: _____

Medications: _____ Allergies: _____

ALL SKILLS SUMMER CAMP SESSIONS 9am-3pm

X Check all that apply	SESSIONS \$155 a week per athlete	Early Drop Off 8 am \$15	Late Pick UP 4pm \$15
	Session 1: June 10, 2024 - June 14, 2024		
	Session 2: June 17, 2024 - June 20, 2024		
	Session 3: June 24, 2024 - June 27, 2024		
	Session 4: July 1, 2024 - July 5, 2024 (July 4 th is closed)		
	Session 5: July 8, 2024 - July 12, 2024		
	Session 6: July 15, 2024 - July 19, 2024		
Total Number of Sessions:	@ \$155.00 Per wk EAS Athletes \$145	Early Drop off \$15/ Late Pick up \$15 per Hr:	TOTAL DUE: \$

Lunch NOT included. Athlete must bring Lunch & Drinks

Payment: via Zelle at Evolution.AllStars@yahoo.com Personal Check: Evolution All Stars

I, _____ understand that all athletes attending summer camp sessions must bring their own lunch and snacks. EAS will provide a refrigerator to store snacks. Hydration is extremely important due to summer temperatures in Miami. Proper attire is required of all attending athletes. All athletes must be dropped off on time and picked up on time. No athlete can stay in the facility after 3pm unless has paid for a late pickup. The gym will close and re-open for all EAS practices.

Parent Signature: _____

***Any non-EAS Athlete will be required to fill out a Medical Release Form.**

2024-2025 EVOLUTION ALL-STARS RELEASE FORM

Athlete's Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Birthdate: ____/____/____ Age: _____

Mother's Name: _____ Work: _____ Cell: _____

Father's Name: _____ Work: _____ Cell: _____

In case of an emergency, contact (other than parent or guardian): _____

Relationship: _____ Phone: _____

I, the parent, or legal guardian of the child named above, do hereby grant permission for my son/daughter _____ to participate in classes and activities conducted by Evolution All Stars. I hereby authorize Evolution All Stars, its directors, coaches, or other representatives, to obtain medical treatment for the above name's child in the event of a medical emergency. I hereby hold harmless Evolution All Stars, LLC as well as the authority, and agree to indemnify Evolution All Stars and all persons for any liability, expense, and cost incurred by them in the exercise of such authority.

I understand that participation in dance and cheerleading classes, sessions, or other activities involves a possibility of physical injury. (Minimal, serious, or catastrophic). Knowing the risks of such participation, I acknowledge and agree that my son/daughter is assuming the risk of such physical injury by his/her participation and, on behalf of him/her, I hereby release, discharge, and hold blameless Evolution All Stars, as well as all employees, from any and all claims for personal injury that may arise from or relate to my son/daughter's participation in Evolution All Stars classes, sessions, or activities.

In addition to the above authorizations, I hereby grant my permission to qualified physicians and medical personnel to administer immediate treatment to my son/daughter should he/she become ill or injured.

Parent's Signature: _____ Date: _____

Parent's Name: _____ (Please Print)

Insurance Carrier Co: _____ Policy #: _____

Physician: _____ Phone #: _____

Allergies: _____

Current Medications: _____ Other Pertinent Medical Issues: _____

Notary's Signature: _____ Notary's Seal: _____

