



2019 Summer Registration

www.playstrongstudio.com

playstrongstudio@gmail.com

860.651.5000

Child's Name: _____ Sex: M F Age: _____ DOB: _____

Please list any allergies/pertinent information to better teach your child: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Email: _____

****ALL COMMUNICATION WILL BE THROUGH EMAIL (Storm closings, billing, announcements etc.)**

SUMMER OFFERINGS: (Check all that apply)

- June 24 - 28 PREMIERE TEAM TRY OUT M-F 5pm-8pm Ages 5 & up \$250
- July 8 - 11 ACROSTRONG WEEK M-TH 5pm-7:30pm Ages 5 & up \$185
- July 15 - 18 INTENSE CHEER WEEK M-Th 5pm-7:30pm Ages 5 & up \$185
- July 22 - 25 TUMBLE TOTS CAMP M-Th 9am-11:30am Ages 3-6 *MUST BE POTTY TRAINED \$185
- July 29 & 30 PLAYSTRONG INSTRUCTOR TRAINING Mon & Tues 5pm-8pm Ages 12 and up \$115
- August 5 - 8 INTENSE HIP HOP WEEK M-Th 5pm-7:30pm Ages 5 & up \$185
- August 12 - 15 ACROSTRONG WEEK M-Th 5pm - 7:30pm Ages 5 & up \$185

Total camps enrolled: _____ Total amount Due: _____ Payment

Type: _____

Payment is due in full at time of registration. Please make checks payable to PLAYSTRONG STUDIO LLC. Returned check fee: \$25. Cash, Checks and Visa/MC/Debit cards are also accepted in studio. All completed registrations are non refundable and non transferable.

Registration is first come, first serve. If a class is full, you will be notified as soon as possible and you will be credited on your account. Your child will not be enrolled without full payment is received.

ATTIRE: For all 5 & up sessions wear comfortable clothing and sneakers. No flip flip flops, sandals, high heels or bare feet allowed. Hair should be tied back and out of the face.

TUMBLE TOTS - sneakers or socks/bare feet are acceptable.

Signature: _____ Date: _____



This form is required prior to participating in any programs offered at Playstrong Studio LLC.
Please sign/date below.

PARENT/GUARDIAN CONSENT & MEDICAL WAIVER

- I understand that my child will be participating in a street tumbling, dance, cheerleading, fitness classes and participation in but not limited to bouncers and inflatables. As with any physical activity there is potential for injury. I therefore waive and release all rights and claims for damages that my child may have against the instructors and the facility for any injury that might occur at the *Playstrong Studio LLC* as a result of this activity.
- **Drop off Policy:** I understand children under 13 are not to leave the 2nd floor without a parent/guardian. I understand that I am ultimately responsible for getting my child to and from their classes. I will drop off 5 minutes before the start of class and pick up 5 minutes after class.
- **Behavior Policy:** I understand if my child is engaging in disruptive behavior, Playstrong instructors will inform me two times. The third offense will cause Playstrong instructors to remove my child permanently from the class. Monies paid will not be refunded. Disrespectful and/or vulgar vocabulary will not be tolerated.
- **Cell Phone Policy:** Students are not allowed to have cell phones in class and are encouraged to leave them at home. Playstrong Studio LLC is not responsible for lost, stolen or damaged phones. We have a landline phone for emergency use.
- Please be advised that if your child is currently under the regular care of a physician and has high blood pressure, is taking prescription medication, or has a history of cardiovascular, back, knee or shoulder disorders, we require a physician's note granting your child permission to participate in the class. It is your responsibility to inform our staff of all allergies, any previous broken bones, sprained or strained muscles and ligaments and any medical condition that may put the participant at risk.
- I understand that the staff members at *Playstrong Studio LLC* are not physicians or medical practitioners of any kind and release *Playstrong Studio LLC* and its staff members to render first aid to my child(ren) in the event of an injury or illness. In addition, I authorize *Playstrong Studio LLC* and its staff to seek medical treatment at the nearest medical facility in case of emergency. Hospital Preference:

Please check here to confirm photography use. (Leave blank if you do not allow pictures to be taken)

- Photo Policy:** I understand that any pictures taken by the Playstrong staff become the sole property of the Playstrong Studio and may be used at their discretion.

Signature: _____ Date: _____

Signature of parent/legal guardian