



Day Camp / Parent's Day Out Registration Form

Camp Dates & Times*: _____

Registration Fee*: _____

**Please call the office (210)-375-7800 or visit our website (www.aerialathletics.com) to see available dates & times and associated fees*

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Any known allergies or special concerns for these children: _____

I hereby authorize Aerial Athletics to consent medical treatment for my child in the event that I cannot be reached to give that consent. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. I am fully aware that any activity involving motion or height creates the possibility of serious injury and I further agree to hold Aerial Athletics and its staff harmless for any injury or resulting expenses. I agree to release and discharge any and all rights and claims against Aerial Athletics.

Parent/Guardian: _____ Date: _____