

KEEP BOTH FORMS  
STAPLED TOGETHER

WEB COPY

**ARENA GYMNASTICS**  
**745 Alexander Road**  
**Princeton, NJ 08540**  
**(609) 951-9868**

**2006 SUMMER CAMP REGISTRATION FORM**

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student's Name:** \_\_\_\_\_  
First Last Middle Initial

**Address:** \_\_\_\_\_  
Street or P.O. Box City, State Zip

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Home Telephone #** \_\_\_\_\_ **Parent/Guardian Work Telephone #** \_\_\_\_\_

**Parent/Guardian Cell Phone #** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**School:** \_\_\_\_\_  
Name Address Telephone #

**In Case of Emergency Contact:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Student's Primary Insurance Carrier:** \_\_\_\_\_

**Student's Previous Experience:** \_\_\_\_\_  
Describe Briefly

**Referred by:** \_\_\_\_\_  
(Individual / advertisement, etc.)

Check Camp Program: \_\_\_\_ Full Day \_\_\_\_ Half Day (morning) \_\_\_\_ Half Day (afternoon)  
\_\_\_\_ Full Week \_\_\_\_ Partial Week

Check the Week(s) you wish to attend. Partial week Campers circle the days you wish to attend:

____ July 5 - July 7* W-Th-F	____ July 10 - July 14 M-T-W-Th-F	____ July 17 - July 21 M-T-W-Th-F	____ July 24 - July 28 M-T-W-Th-F
____ July 31 - Aug 4 M-T-W-Th-F	____ Aug. 7 - Aug 11 M-T-W-Th-F	____ Aug. 14 - Aug 18 M-T-W-Th-F	____ Aug. 21 - Aug 25 M-T-W-Th-F

\*-- closed on July 3<sup>rd</sup> and 4<sup>th</sup>

My child will need Early Drop-Off (8:00-9:00 a.m.) \_\_\_\_ Yes \_\_\_\_ No  
My child will need Extended Hours (3:30-5:00 p.m.) \_\_\_\_ Yes \_\_\_\_ No  
Will pick up at: \_\_\_\_ p.m.