

Flip N Cheer-2012 SPRING BREAK CAMP

111 Edmond Drive
 Kearneysville, WV 25430
 304-725-6551 • flipncheer.com



PARENT INFORMATION

Parent _____ Address _____ City _____ State _____ zip _____

Phone-Home _____ Email _____

Work _____

Cell _____

CHILD INFORMATION

Participants Name _____ DOB ___/___/___ Camp Name _____ Week-Time _____ Fee _____

Participants Name _____ DOB ___/___/___ Camp Name _____ Week-Time _____ Fee _____

Participants Name _____ DOB ___/___/___ Camp Name _____ Week-Time _____ Fee _____

Participants Name _____ DOB ___/___/___ Camp Name _____ Week-Time _____ Fee _____

Participants Name _____ DOB ___/___/___ Camp Name _____ Week-Time _____ Fee _____

EMERGENCY CONTACT

1) Name _____ Phone _____

2) Name _____ Phone _____

HEALTH HISTORY

Does the student have....	Yes	No	Does the student have....	Yes	No
• ADD			• Allergies		
• ADHD			• Diabetes		
• Autism			• Asthma		
• Learning Disability			• Hearing Problems		
• Epilepsy Seizures			• Heart Problems		
• Other (please explain):					

If the answer to any of the above is YES, please explain. _____

In the event of an emergency our policy is to make every effort to contact the parents and call 911.

I agree to the registration and the above policies of Flip N Cheer.

Signature: _____ Date: _____

For Office Use Only:

Cash			
Check	Check No:		
Credit Card	Visa:	Credit Card No:	Expiration Date:
	MasterCard:		___/___