



# Summer Intensive Trick Session

84 South Main St. East Windsor, CT 06088

Name: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

When Calling ask for: \_\_\_\_\_ Email: \_\_\_\_\_

Does the participant have any special medical, emotional, or dietary needs that we should be aware of prior to this session? If so, describe briefly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Trick Dynamix offers a full participation program. I agree to cooperate and participate in all activities. I authorize Trick Dynamix to photograph me and/or my family for the purposes of promotion, publicity, and group photos.

Participant Name:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

*This Box for Office Use Only*

Total Amount Due: \_\_\_\_\_

Deposit: \_\_\_\_\_ Recpt # \_\_\_\_\_

Date: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Balance Paid: \_\_\_\_\_

Recpt # \_\_\_\_\_ Date: \_\_\_\_\_