

WINTER GYMNASTICS CAMP

December 18th - 22nd & December 26th - 29th

Office Use Only:

Deposit: \$ _____

cash/chk# _____

Balance: \$ _____

cash/chk# _____

Paid in full: _____

REGISTRATION FORM

COST: FULL DAYS ~ \$75/day, HALF DAYS ~ \$50/day, EXTENDED HALF DAYS ~ \$55/day

***** (Save 10% for registering, in advance, for any 5 days!) *****

MAKE-UP POLICY – We will be happy to arrange make-ups in the event of a missed day. ** (Based on available space). ** *Junior Gym must be given 48 hours notice (to fill your child's space) in order for you to receive a make-up credit.* **PLEASE NOTE:** We understand that there are circumstances that are beyond your control, the result of which a 48-hour notice is not possible. However, there will be NO exceptions to this policy. _____ (Initial)

REFUND POLICY – Tuition will not be refunded after your child's first day of camp. No exceptions. _____ (initial)

(Please Print)

CHILD'S NAME(S): 1) _____ M/F: _____ AGE: _____

2) _____ M/F: _____ AGE: _____

PARENT'S NAME: _____ PHONE:(H) () _____

CELL: () _____ CELL: () _____ (W) () _____

COMPLETE ADDRESS: _____
NUMBER STREET CITY ZIP CODE

****EMAIL ADDRESS:** _____

EMERGENCY CONTACT (OTHER THAN YOURSELF): _____

PHONE: () _____

FRIENDS ATTENDING CAMP: _____

ALLERGIES OR SPECIAL ATTENTION: _____

****** FOR OBVIOUS HEALTH & SAFETY REASONS, PLEASE DO NOT PACK ANY NUTS OR PEANUT BUTTER******

FILL IN THE TIME, ON THE CHART BELOW, YOUR CAMPER(S) WILL ATTEND:

GUIDE: FULL DAY: 9AM ~ 4PM (Bring lunch), HALF DAYS: 9AM ~ 12PM OR 1PM ~ 4PM,
*EXTENDED HALF DAYS (Bring lunch): 9AM ~ 1PM OR 12PM ~ 4PM

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1 DEC. 18-22					
WEEK 2 DEC. 25-29	Closed				

In case of emergency, I understand that the Junior Gym staff will notify me, or the person I have designated above, and should Junior Gym be unable to locate either one, I hereby grant authority to the Junior Gym staff to take such temporary measures, as they deem appropriate. I understand that Junior Gym is not responsible for clothing or lost items or any medical expenses. I agree to the above policies and procedures and understand there are no exceptions.

SIGNED(PARENT OR GUARDIAN): _____ DATE: _____