

WINTER GYMNASTICS CAMP

**2 "Mini" Weeks ~ Wednesday - Friday
December 26-28 & January 2-4**

REGISTRATION FORM

Office Use Only:

Deposit: \$ _____
 csh/chk# _____
 Balance: \$ _____
 csh/chk# _____
 Paid in full: _____

COST: FULL DAYS ~ \$75/day, HALF DAYS ~ \$50/day, EXTENDED HALF DAYS ~ \$55/day
***** (Save 10% for registering, in advance, for ALL 6 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. 26-28	Closed	Closed			
WEEK 2 JAN. 2-4	Closed	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: _____