



Date: _____

2012 SUMMER CAMP REGISTRATION FORM

451 Defense Highway Annapolis, MD 21401

Phone (410) 224-0721 Email:

Firstclassgym@aol.com

Child's Name Last First School Gender (F) (M) **DOB**

Child's Name Last First School Gender (F) (M) **DOB**

Parent's Name Last First

Address City State Zip Telephone(Home)

Email Address:

Telephone Mother (Cell & Work) Father (Cell & Work)

EMERGENCY # Alternate Date of Last

Physical Exam(s) Date of Tetanus

** If your child has an exemption to any immunization, please provide a copy.

Does your child have any medical condition which would limit their participation in gymnastics? (Asthma, Allergies, Diabetes, etc. BE SPECIFIC.) _____ Is your child currently taking any medication? _____ For what condition? _____

Does your child have any allergies to medication? _____ Participant/participants is/are enrolled in a Maryland Public/Private School? (Y)____ (N)____ If answer to above question is NO, please provide copy of immunizations from doctor. Please provide Name of Camper's Physician _____.

Acknowledgement of Risk and Waiver of Liability and Permission to Treat

I hereby give permission for my child/children to participate in classes/events conducted at 1st Class Gymnastics, Inc. I understand that it is my responsibility to carry my own accident and medical insurance. In the event of an injury or accident, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted. The enrolled child/children is/are capable of participating in the sport of gymnastics and have had a physical within the last (12) twelve months. Any activity involving motion, tumbling, height, swinging, etc... involves the possibility of serious, permanent or fatal injury. I understand the risks of participating in the sport of gymnastics and Therefore, in consideration for allowing my child/children to use the 1st Class Gymnastics Training Center's equipment and facilities, I hereby forever release 1st Class Gymnastics, Inc., it's owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child/children while under the instruction, supervision or control of 1st Class Gymnastics, Inc., it's owners, officers, employees, teachers, coaches and booster club. I hereby authorize 1st Class Gymnastics, Inc. to use photographs, videos or electronic likeness of my child in any publication or website promoting or advertising 1st Class Gymnastics, Inc. I do hereby forever release any and all claims against 1st Class Gymnastics, Inc. for the use of any of the video images and photographs as described above. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Name of Parent or Legal Guardian Signature of Parent or Legal Guardian Date Printed

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Child's Name Last First School Gender (F) (M) **DOB**

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MiniKIDZ 3 1/2 YRS – 5 YRS - Half Day Program : 9:00am to 2:00pm

Please check weeks preferred and indicate # OF DAYS each week desired

	<u>1/2/3/4/5 DAYS</u>		<u>1/2/3/4/5 DAYS</u>
Precamp _____ June 4-8	M T W T H F		
Week 1 _____ June 11-15	M T W T H F	Week 7 _____ July 23- 27	M T W T H F
Week 2 _____ June 18-22	M T W T H F	Week 8 _____ July 30- Aug 3	M T W T H F
Week 3 _____ June 25- 29	M T W T H F	Week 9 _____ August 6-10	M T W T H F
Week 4 _____ July 2-6	M T W T H F	Week 10 _____ August 13-17	M T W T H F
Week 5 _____ July 9-13	M T W T H F	Week 11 _____ August 20-24	M T W T H F
Week 6 _____ July 16-20	M T W T H F		

Half Day Fees: 1 Day \$45 2 Days \$90 3 Days \$135 4 Days \$180 **5 Days \$225**

***10% DISCOUNT FOR EACH FULL WEEK (5 CONTINUOUS CAMP DAYS)**

NO CAMP ON JULY 4th - After 2pm extended hours are available at \$8 per hour

FITKIDZ: 5 YRS & OLDER

Please check weeks preferred and indicate FULL of HALF day.

Precamp _____ June 4-8	M T W T H F		
Week 1 _____ June 11-15	M T W T H F	Week 7 _____ July 23- 27	M T W T H F
Week 2 _____ June 18-22	M T W T H F	Week 8 _____ July 30- Aug 3	M T W T H F
Week 3 _____ June 25- 29	M T W T H F	Week 9 _____ August 6-10	M T W T H F
Week 4 _____ July 2-6	M T W T H F	Week 10 _____ August 13-17	M T W T H F
Week 5 _____ July 9-13	M T W T H F	Week 11 _____ August 20-24	M T W T H F
Week 6 _____ July 16-20	M T W T H F		

FULL/HALF DAY

FULL/HALF DAY

Half Day Fees: 1 Day \$40 2 Days \$80 3 Days \$120 4 Days \$160 **5 Days \$200**

Full Day Fees: 1 Day \$50 2 Days \$100 3 Days \$150 4 Days \$200 **5 Days \$250**

Summer Camp Hours: 9:00 AM to 2:00 PM Half Day, 9:00 AM to 5:00 PM Full Day

***10% DISCOUNT FOR EACH FULL WEEK (5 CONTINUOUS CAMP DAYS)**

NO CAMP ON JULY 4th - After 2pm extended hours are available at \$8 per hour

WATERSLIDE DAYS – TUESDAY, WEDNESDAY & THURSDAY

(Weather permitting)

EARLY MORNING DROP OFF: YES ___ NO ___ M T W T H F TIME: _____

LATE PICK UP: YES ___ NO ___ M T W T H F TIME: _____

Please circle days desired

SUMMER REGISTRATION FEE: \$10.00 Per Child

Early & Late additional fees: \$5.00 for half hour \$8.00 for each hour

\$10 PER DAY "DROP IN" FEE FOR CAMPERS NOT PRE-REGISTERED

OFFICE USE ONLY:

TOTAL AMOUNT DUE _____ AMT RECD _____ CC _____ CK# _____

BALANCE DUE _____ DISC APPLIED _____

Dress Code: Children should wear gym attire, no baggy clothing and girls should wear their hair back. **10 % Discounts for siblings. Payments must be made at registration. No refunds or credits**