



DAY 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) Age

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

Parent's Name Last First

Address City State Zip Telephone(Home) Email

Address: EMERGENCY#

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

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?

MINIKIDZ(3 1/2 to 5yrs) Half Day 9:00am-2:00pm \$45 (Pre-Registered)

FITKIDZ(5 yrs&Up) Half Day 9:00am-2:00pm \$40 Full Day 9:00am-5pm \$50-(PR)

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

FULL/HALF DAY FULL/HALF DAY FULL/HALF DAY
Date M T W T H F Date M T W T H F Date M T W T H F
Date M T W T H F Date M T W T H F Date M T W T H F

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

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

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. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

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

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