



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

**2008 CANDY CANE CAMP REGISTRATION FORM**

*451 Defense Highway Annapolis, MD 21401*

*Phone (410) 224-0721 Email: [Firstclassgym@aol.com](mailto:Firstclassgym@aol.com)*

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

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

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 School(s) Attending

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? \_\_\_\_\_

Notes/Allergies/Medical \_\_\_\_\_

**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 1<sup>st</sup> 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 1<sup>st</sup> Class Gymnastics Training Center's equipment and facilities, I hereby forever release 1<sup>st</sup> 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 1<sup>st</sup> 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.

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

# **CANDY CANE CAMP 2008**

## **MiniKIDZ – 3 1/2 YRS – 5 YRS**

**Please check week preferred and circle # OF DAYS each week desired**

\_\_\_\_\_ Dec 22nd-26th  
(Excludes Thursday)

|          |          |          |          |      |
|----------|----------|----------|----------|------|
| <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | DAYS |
| M        | W        | TH       | F        |      |

Fees:            1 Day \$35    2 Days \$70    3 Days \$105    4 Days \$140  
Camp Hours: 9:00 AM to 1:00 PM

## **FitKIDZ 5 YRS & OLDER**

**Please check weeks preferred and circle # OF DAYS each week desired**

\_\_\_\_\_ Dec 22nd-26th  
(Excludes Thursday)

|          |          |          |          |      |
|----------|----------|----------|----------|------|
| <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | DAYS |
| M        | W        | TH       | F        |      |

Fees & Options:

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | 4 Days Full Day \$180.00 | 4 Days Half Day \$140.00 |
| : | 3 Days Full Day \$135.00 | 3 Days Half Day \$105.00 |
|   | 2 Days Full Day \$90.00  | 2 Days Half Day \$60.00  |
|   | 1 Day Full Day \$45.00   | 1 Day Half Day \$35.00   |

Camp Hours:                      9:00 AM to 5:00 PM                      9:00 AM to 2:00 PM

|                         |     |    |                  |
|-------------------------|-----|----|------------------|
| EARLY MORNING DROP OFF: | YES | NO | DAY & TIME _____ |
| LATE PICK UP:           | YES | NO | DAY & TIME _____ |

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

**Payments: (DEPOSIT \$50 NON-REFUNDABLE-NON TRANSFERABLE PER WK)**

|                         |                    |          |           |
|-------------------------|--------------------|----------|-----------|
| <i>OFFICE USE ONLY:</i> |                    |          |           |
| 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***