



## DAY 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 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 9:00 am -1:00 pm \$35**  
**FITKIDZ(5 yrs & Up) Half Day 9:00 am - 2:00 pm \$35 Full Day 9:00am – 5pm \$45**

<u>FULL/HALF DAY</u>	<u>FULL/HALF DAY</u>	<u>FULL/HALF DAY</u>
Date _____ <b>MTWTHF</b>	Date _____ <b>MTWTHF</b>	Date _____ <b>MTWTHF</b>
Date _____ <b>MTWTHF</b>	Date _____ <b>MTWTHF</b>	Date _____ <b>MTWTHF</b>

EARLY MORNING DROP OFF: YES \_\_\_ NO \_\_\_ **MTWTHF** TIME: \_\_\_\_\_

LATE PICK UP: YES \_\_\_ NO \_\_\_ **MTWTHF** 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 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

**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**