



Date: _____

2009 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. 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

“Kidz of Summer” Class Selection

MiniKIDZ 3 1/2 YRS – 5 YRS

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 8-12	M T W TH F	
Week 1	June 15-19	M T W TH F	Week 7 _____ July 27-July 31 M T W TH F
Week 2	June 22-26	M T W TH F	Week 8 _____ August 3-7 M T W TH F
Week 3	June 29-July 3	M T W TH	Week 9 _____ August 10-14 M T W TH F
Week 4	July 6-10	M T W TH F	Week 10 _____ August 17-21 M T W TH F
Week 5	July 13-17	M T W TH F	Week 11 _____ August 24-28 M T W TH F
Week 6	July 20-24	M T W TH F	

Fees: 1 Day \$35 2 Days \$70 3 Days \$105 4 Days \$140 5 Days \$175
Summer Camp Hours: 9:00 AM to 1:00 PM **Please circle desired days**

FITKIDZ: 5 YRS & OLDER

Please check weeks preferred and indicate FULL of HALF day.

		<u>FULL/HALF DAY</u>	<u>FULL/HALF DAY</u>
Precamp	June 8-12	M T W TH F	
Week 1	June 15-19	M T W TH F	Week 7 _____ July 27-July 31 M T W TH F
Week 2	June 22-26	M T W TH F	Week 8 _____ August 3-7 M T W TH F
Week 3	June 29-July 3	M T W TH	Week 9 _____ August 10-14 M T W TH F
Week 4	July 6-10	M T W TH F	Week 10 _____ August 17-21 M T W TH F
Week 5	July 13-17	M T W TH F	Week 11 _____ August 24-28 M T W TH F
Week 6	July 20-24	M T W TH F	

Fees & Options: 5 Days Full Day \$225.00 5 Days Half Day \$175.00
 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 \$70.00
 1 Day Full Day \$45.00 1 Day Half Day \$35.00
Summer Camp Hours: 9:00 AM to 5:00 PM 9:00 AM to 2:00 PM

Please circle desired days

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

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

Please circle days desired

SUMMER REGISTRATION FEE: \$10.00 Per Child “REDUCED FEE FOR 2009”

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

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

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**