

Student: _____ Boy: _____ Girl: _____ Age: _____ Birth Date: ____/____/____
(Last name) (First name)

Mailing Address : _____
(Street) (City) (State) (Zip Code)

Most Accessible E-Mail _____@_____

Legal Guardian: _____ Cell #: _____

Legal Guardian: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Medical Problems/Allergies: _____

How Did You Hear About Us? _____

Names of Siblings Enrolled + Ages: _____



Days Attending (please check days attending)
. Daily : \$65/day

| | |
|------------------|-------------------|
| Mon: 4/1: _____ | Tue: 4/09: _____ |
| Tue: 4/2: _____ | Wed: 4/10: _____ |
| Wed, 4/3: _____ | Thur: 4/11: _____ |
| Thur: 4/4: _____ | Fri : 4/12: _____ |

*bring with you: lunch, snack, water.

CAMP GUIDELINES AND SIGNATURE

As legal guardian of the above named student, I certify that he/she is physically fit to perform in all programs at Gymnastika Summer Weeks, is not currently under medical care, and is not receiving medication for any condition which would limit participation in any way, except as listed above. In understand that any condition involving motion or height contains the risk of accidental injury and this risk can never be totally eliminated, even under the supervision of properly trained and qualified instructors using modern and safely designed equipment. Gymnastika, its coaches and other staff members, will not accept responsibility for injuries sustained by any students during the course of gymnastics instruction, gymnastics games, or outside activities.

- There are no refunds for deposits or tuitions made for the Gymnastika Spring Week.
- There are no make-ups for missed practice days.

I have read and understood the guidelines for Gymnastika Spring Week contained above.

Legal Guardian's Signature

Date