Gym Camp 2011

**Fill out and return entire sheet to enroll
If you have any questions call 631-821-2100

683 Route 25A
Rocky Point, N.Y. 11778

Flexible Sign Up Works Around Your Schedule!!

-Camp runs from 9:30am to 12:30pm
-Pick your weeks from the dates provided
-Full tuition due upon enrollment
- Don't Delay (Space is limited)
-Return this form to us with payment to enroll

CAMP CALENDAR

Check off desired weeks below

☐	**WEEK 1**	June 28 to June 30
☐	**WEEK 2**	July 5 to July 7
☐	**WEEK 3**	July 12 to July 14
☐	**WEEK 4**	NOT AVAILABLE
☐	**WEEK 5**	July 26th to July 28th
☐	**WEEK 6**	NOT AVAILABLE
☐	**WEEK 7**	Aug 9th to Aug 11th
☐	**WEEK 8**	**August 16 to August 18**

PreGym Camp

(3 to 6 years old)
3 Days a Week
1 Hour Gymnastics Class
Snack Time
Indoor Activities
Arts and Crafts
Special Gym Activities

3 Days a Week
Tues, Wed, Thurs

Gym Sports Camp

(6 to 12 years old)
3 Days a Week
1 1/2 Hour Gymnastics Class
Snack Time
Group Sports and Activities
Special Gym Activities

Students Last Name _____ Students First Name _____

Age ____ Date of Birth _____ List all allergies _____

Medical Insurance Name _____ Doctors Name& Phone _____

Address _____

City _____ State _____ Zip Code _____

Mothers Name _____ Fathers Name _____

Home Phone _____ Work Phone _____ Emergency Phone _____

Select Which Camp Below

__ **PreGym Camp**

__ **GymSports Camp**

Camp Pricing

1 Week $165
2 Weeks $330
3 Weeks $479
4 Weeks $628
5 Weeks $777
6 Weeks $926
7 Weeks $1075

In consideration of your accepting this application, I the undersigned intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against Gold Medal Gymnastics Center and its employees., successors and assigns for damages, injuries and/or claims which I might otherwise have arising out of said event. I attest and verify that I am physically fit for the sport of Gymnastics. My physical condition has been verified by a licensed medical doctor. If signed by a parent, the parent agrees to release and hold the above named organization and persons harmless of any claims and/or rights which may asserted by or on behalf of the applicant. The parent also agrees to permit any photos taken of their child in class to be used for advertising purposes.

Method of Payment :(circle one) Cash Check #____ MasterCard Discover Visa

X_____ _____ _____
Signature ***Credit Card #*** ***Exp. Date***