



2010 Summer Camp Registration Form

Please complete the form and mail, fax or drop off to the office at the gym. Registration deadline is the Wednesday prior to the start of the camp.

IGM Gymnastics 14305 Southcross Drive, Suite 120, Burnsville, MN 55306 Ph: 952-898-3889 Fax: 952-898-3849

Name: _____ Gender M F Birthdate: ___ / ___ / ___

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____ - _____ Work: (____) ____ - _____ Cell: (____) ____ - _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Insurance Information: Company: _____ Policy # _____

Check the Week(s) you are enrolling:

- June 14-18 Full Day
- June 21-24 Half Day
- July 12-16 Full Day
- July 19-22 Half Day
- August 2-6 Full Day
- August 9-13 Half Day

Daily: Mark week and name day(s) attending for the week: _____

IGM Summer Camp Enrollment fees: Payment Type: Cash Check Credit Card

\$135 Per week for Full Day Camp Name on Card: _____

\$79 Per week for Half Day Camp Card #: _____

\$25 Per Day for Half Day Camp Expiration: ___/___ 3 Digits on Back: _____

\$40 Per Day for Full Day Camp

Parent Permission: (Must be signed and signed before first day of camp)

_____ has my permission to participate in IGM Gymnastics Summer Camp. I give IGM Gymnastics and/or appropriate medical facility permission to make whatever emergency measures for the care and protection of my child while under the supervision of IGM Gymnastics. In case of medical emergency, I understand my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency staff deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resources prior to the parent, physician, or other adult acting on the child's behalf. I am aware that there are risks involved and that serious injury, even death, may result with improper conduct of this activity. I have instructed my child to follow instructions. I fully disclaim, waive, and discharge IGM Gymnastics, their instructors, and directors from all claims with regard to any personal injury that may be incurred by my child during this class/camp. My child is in good physical health and there are no limitations or medical conditions which would limit her/his participation in this class/camp.

Parent/Guardian Signature: _____ Date: _____