



2014 Gymnastics Camp Registration Form

Our **NEW** Gymnastics Skill Camp will be 3 days full of learning gymnastics. It's a chance to learn and improve your child's gymnastics skills. A 3-day camp for all gymnastics abilities. Just \$129!

Please complete form and mail in or drop off at the gym office. Online registration available at www.igmgymnastics.com

Child #1: _____ Medical Conditions: _____ Gender: M F Birthdate: __/__/__
Child #2: _____ Medical Conditions: _____ Gender: M F Birthdate: __/__/__
Child #3: _____ Medical Conditions: _____ Gender: M F Birthdate: __/__/__

Parent/Guardian's Names _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy # _____

How did you hear about IGM? _____



Cancellation Policy:
Camp charge minus a \$10 processing fee will be refunded if a written cancellation notice is received two weeks before the event. We do not refund or offer credits if days are missed.



Check the week(s) you are enrolling:

June 23rd - 25th

July 21st - 23rd

August 4th - 6th

1:00pm - 3:30pm

Ages 5 & up

Office use only

Date Paid: _____

Amount: \$ _____

Initials _____

SD _____ CC _____

DM _____

NOTE: SNACK WILL BE PROVIDED.

Enrollment Fees:

_____ x \$129 = _____

TOTAL= \$ _____

Payment Type: Cash Check # _____ Credit Card*

Name on Card _____

Card #: _____

Expiration: ____ / ____ 3 Digits on Back: _____

*IGM accepts VISA, MasterCard, & Discover

Parent Permission & Release:

I _____ (please print name), the parent/guardian of child(ren) listed above, give permission for my child(ren) to participate in the event conducted at IGM Gymnastics. I understand and accept that this activity involves risks of serious injury, disability, or death. I have instructed my child to follow instructions. I fully release, waive, and discharge IGM Gymnastics, their instructors, directors and all others acting on their behalf from all claims or liability with regard to any personal injury that may be incurred by my child/children during this class/camp/event. I verify that my child is in good physical health and there are no limitations or medical conditions which would limit her/his participation in IGM's class/camp/event. In the event of an injury or accident, I authorize IGM Gymnastics and/or appropriate medical authorities to take necessary emergency measures for the care and protection of my child while under the supervision of IGM Gymnastics. In case of medical emergency, I understand that my child may be transported to an appropriate medical facility by a local emergency unit for treatment. The child will be treated and transported at the expense of myself or my health insurance. I understand 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.

Media Release: I hereby authorize IGM Gymnastics to use photos/videos taken of my child/children for promotional purposes.

Parent/Guardian Signature: _____ Date: _____