



2011 MEA Camp Registration Form

Please complete the form and mail, fax or drop off at the gym office.

Registration is also available online at www.igmgymnastics.com

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

Child #1: _____ Medical Conditions: _____ Gender: M F Birthdate: ___/___/___
 Child #2: _____ Medical Conditions: _____ Gender: M F Birthdate: ___/___/___
 Child #3: _____ Medical Conditions: _____ Gender: M F Birthdate: ___/___/___
 Child #4: _____ Medical Conditions: _____ Gender: M F Birthdate: ___/___/___

Parent/Guardian's names _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Email Address: _____

Emergency Contact: _____ Phone: _____

Insurance Information: Company: _____ Policy # _____

Check the Day(s) you are enrolling:

Whole Week: Only \$155! By the Day: \$35 per day
 ___ October 17th-21st (M-F) ___ Monday (10/17) ___ Wednesday (10/19) ___ Friday (10/21)
 ___ Tuesday (10/18) ___ Thursday (10/20)

IGM MEA Camp Enrollment fees:

___ x \$155 = ___
 ___ x \$35 = ___
 ___ x \$5 (early/late) = ___
 TOTAL= \$ _____

Early Drop Off – 7:30am
 Late Pick Up – 5:00pm
 \$5 per child per day

Payment Type: Cash Check # _____ Credit Card

Name on Card _____

Card #: _____

Expiration: ___/___ 3 Digits on Back: _____

****No refunds will be given after Monday, October 10, 2011****

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

_____ has my permission to participate in IGM Gymnastics Summer Camp. I give IGM Gymnastics and/or an appropriate medical facility permission to take whatever emergency measures necessary 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 camp. My child is in good physical health and there are no limitations or medical conditions which would limit her/his participation in this camp.

Parent/Guardian Signature: _____ Date: _____