



2011 Spring Break Day Camp Registration Form

Please complete the form and mail, fax or drop off to the office at the gym. Register as soon as possible as space is limited.

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

Child #1: _____ Age: _____ Gender: M F Birthdate: ___ / ___ / ___

Child #2: _____ Age: _____ Gender: M F Birthdate: ___ / ___ / ___

Child #3: _____ Age: _____ Gender: M F Birthdate: ___ / ___ / ___

Child #4: _____ Age: _____ 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 \$79!

By the Day: \$30 per day

_____ March 28th-31st (M-Th)

_____ Monday (3/28)

_____ Wednesday (3/30)

_____ Tuesday (3/29)

_____ Thursday (3/31)

IGM Spring Break Day Camp Enrollment fees: Payment Type: Cash Check # _____ Credit Card

_____ x \$79 = _____

Name on Card _____

_____ x \$30 = _____

Card #: _____

TOTAL= \$ _____

Expiration: ___ / ___ 3 Digits on Back: _____

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:** _____

SPRING BREAK DAY CAMP



Structured gymnastics classes, games, movies, crafts and much more.

What more could a kid ask for?



When: March 28th – 31st 9:00 am -1:00 pm

Where: IGM Gymnastics
14305 Southcross Drive W, Suite 120
Burnsville, MN 55306

Who: Children Ages 3–12

Cost: \$30 per day or all 4 days for just \$79

Children must bring a bag lunch daily.

www.igmgymnastics.com
952.898.3889

Pre-registration Required.
Please call to register.