



# 2012 Spring Break Camp Registration Form

Office use only	
Date Paid: _____	Amount: \$ _____
Initials _____	
SD _____	CC _____ DM _____

Please complete form and mail-in or drop off at the gym office by the first day of camp.

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: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

How did you hear about IGM? \_\_\_\_\_

<b>Cancelation Policy:</b> Camp charges minus a \$10 processing fee will be refunded if a written notice is received two weeks before the first day of camp. We do not refund or offer credits for missed camp days.
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**Check the Day(s) you are enrolling:**

**MARCH FULL DAY CAMP (8:30am – 4:00pm): Full Week only \$160! \$40 By the Day**

\_\_\_\_ March 26 - 30 (Mon - Fri)    \_\_\_\_ Mon (03/26)    \_\_\_\_ Tues (03/27)    \_\_\_\_ Wed (03/28)    \_\_\_\_ Thurs (03/29)    \_\_\_\_ Fri (03/30)

**APRIL HALF DAY CAMP (9:00am – 1:00pm): Full Week only \$99! \$30 By the Day**

\_\_\_\_ April 2 - 5 (Mon - Thur)    \_\_\_\_ Mon (04/02)    \_\_\_\_ Tues (04/03)    \_\_\_\_ Wed (04/04)    \_\_\_\_ Thurs (04/05)



**IGM Camp Enrollment fees:**

\_\_\_\_ x \$160 / \$99 = \_\_\_\_\_

\_\_\_\_ x \$40 / \$30 = \_\_\_\_\_

\_\_\_\_ x \$5 (early/late) = \_\_\_\_\_

TOTAL= \$ \_\_\_\_\_

<b>Early Drop Off</b> – (\$5/family/day) Full Day Camp at 7:30am Half Day Camp at 8:00am <b>Late Pick Up</b> – (\$5/family/day) 5:00pm Full Day Camp <u>Only</u>
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**Payment Type:** Cash    Check # \_\_\_\_\_    Credit Card

Name on Card \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: \_\_/\_\_\_ 3 Digits on Back: \_\_\_\_\_

\*IGM accepts VISA, MasterCard, & Discover

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

I \_\_\_\_\_ (please print name), the parent/guardian of child(ren) listed above, give permission for my child(ren) to participate in the spring break camp 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: \_\_\_\_\_