



2012 Summer Day Camp Registration Form

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? _____



Check the Week(s) or Day(s) you are enrolling:

FULL DAY WEEK (8:30am – 4:00pm) Only \$160 for the whole WEEK! Full Day Camp By the Day: \$40 per day

June 11-15: Full week () By the day: Mon Tues Wed Thur Fri

July 9-13: Full week () By the day: Mon Tues Wed Thur Fri

August 20-24: Full week () By the day: Mon Tues Wed Thur Fri

HALF DAY WEEK (9:00am – 1:00pm) Only \$99 for the whole WEEK! Half Day Camp By the Day: \$30 per day

June 18-21: Full week () By the day: Mon Tues Wed Thur

July 16-19: Full week () By the day: Mon Tues Wed Thur

August 6-9: Full week () By the day: Mon Tues Wed Thur

Cancellation Policy:
Camp tuition minus a \$10 processing fee will be refunded if a written cancellation notice is received two weeks before the first day of camp. We do not refund or offer credits for missed camp days.

Note: Lunch will not be provided, please drop-off your child with a bag lunch daily.

Camp Enrollment Fees:

_____ x \$160 or \$99 = _____

_____ x \$40 or \$30 = _____

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

_____ Early Bird Discount \$10 OFF

TOTAL= \$ _____

Early Drop Off – (\$5 /family/day)
Full Day Camp at 7:30am
Half Day Camp at 8:00am
Late Pick Up – (\$5 /family/day)
Full Day Camp Only at 5:00pm

Payment Type: Cash Check # _____ Credit Card*

Name on Card _____

Card #: _____

Expiration: ____ / ____ 3 Digits on Back: _____

*IGM accepts VISA, MasterCard, & Discover

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

*Family Early Bird Discount: Offered only if registration and full payment is received by April 15th.

Parent Permission & Release: (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 summer 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: _____