



2011 Summer Camp Registration Form

Please complete the form and mail, fax or drop off at the gym. Register as soon as possible as space is limited.
IGM Gymnastics 14305 Southcross Drive W., Suite 120, Burnsville, MN 55306 Ph: 952-898-3889 Fax: 952-898-3849

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

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

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

Child #4: _____ Age: _____ Gender: M F Birthdate: ___ / ___ / ___
Allergies/Medical Conditions _____

Parent/Guardian's names _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Email Address: _____

Emergency Contact: _____ Phone: _____

Insurance Information: Company: _____ Policy # _____

How did you hear about IGM?	
Website	_____
Friend	_____
Event	_____
School	_____
Other	_____

Check the Week(s) you are enrolling:

Half Day (9:00-1:00pm): Only \$79/week!

_____ June 20th-23rd (M-Th) _____ July 18th-21st (M-Th) _____ August 22nd-25th (M-Th)

Full Day (8:30-4:00pm): Only \$140/week!

_____ June 13th-17th (M-F) _____ July 11th-15th (M-F) _____ August 8th-12th (M-F)



IGM Summer Camp fees: Payment Type: Cash Check # _____ Credit Card

_____ x \$79 = _____

_____ x \$140 = _____

TOTAL= \$ _____

Name on Card _____

Card #: _____

Expiration: ____/____ 3 Digits on Back: _____

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

Parent Permission: (Must be signed in order to participate in 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:** _____