



2011 Winter Day Camp Registration Form

Please complete form and mail-in or drop off at the gym office. Registration deadline is Thursday, December 22nd.

Registration is also available online 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: __/__/__
 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 Company: _____ Policy # _____



Check the Day(s) you are enrolling:

Whole Week: Only \$65! By the Day: \$25 per day

____ December 27 - 29 (Tu - Th)

____ Tuesday (12/27)

____ Wednesday (12/28)

____ Thursday (12/29)

IGM Camp Enrollment fees:

____ x \$65 = _____

____ x \$25 = _____

____ x \$5 (early) = _____

TOTAL= \$ _____

Early Drop Off – 7:30am
\$5 per child per day
by reservation only

Payment Type: Cash Check # _____ Credit Card

Name on Card _____

Card #: _____

Expiration: __/__/__ 3 Digits on Back: _____

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

I _____ (please print name), the parent/guardian of _____, give permission for my child/children to participate in classes/events 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 this 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.

Additionally, I hereby authorize IGM Gymnastics to use photos taken of my child/children for promotional purposes.

Parent/Guardian Signature: _____ Date: _____