

IGM GYMNASTICS RHYTHMIC GYMNASTICS SUMMER CAMP WEEKLY REGISTRATION

COST: \$180/WEEK
MONDAY, WEDNESDAY, FRIDAY 9-5

JULY 6-10 JULY 13-17 JULY 20-24 JULY 27-31

AUGUST 3-7 AUGUST 10-14 AUGUST 17-21 AUGUST 24-28

____ WEEKS X \$180 = \$_____

GYMNAST INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

AGE: _____ E-MAIL ADDRESS: _____

PARENT INFORMATION:

NAME: _____

E-MAIL: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT (OTHER THAN LISTED ABOVE)

NAME: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

I HAVE READ, UNDERSTAND AND SIGNED THE MEDICAL, ACCIDENTAL & LIABILITY FORM.
PHOTOGRAPHS TAKEN OF MY CHILD DURING CAMP MAY BE USED FOR MARKETING PURPOSES.