SUMMER CAMP REGISTRATION FORM 2018

CAPITAL GYMNASTICS NATIONAL TRAINING CENTER

STRONG BODY ~ STRONG MIND ~ STRONG SELF

T-SHIRT SIZE _____

_____/ _____ _____ _____ _____

Child's LAST NAME **FIRST NAME** **AGE** **Boy/Girl** **Date of Birth**

_____ _____ _____ _____

STREET **CITY** **STATE** **ZIP**

_____/ _____ _____

PARENT LAST NAME **PARENT FIRST NAME** **EMAIL**

_____ _____ _____

HOME PHONE **CELL PHONE** **OTHER EMERGENCY#**

Allergies/Medical_____

RELEASE AGREEMENT:

I hereby grant permission for the persons enrolled to participate in the programs held at Capital Gymnastics National Training Center. I realize that gymnastics involves the risk of injury, possible paralysis, and even death, and I release Capital Gymnastics National Training Center and its employees from any and all liability which might be incurred during the conduct of this activity. I further agree to indemnify and hold the corporation harmless for any claims or lawsuits brought by or on behalf of my child.

In an emergency, I hereby grant permission to their employees, to have the authority, at my expense, in the event I can not readily be reached, to utilize the most convenient volunteer rescue squad vehicle or ambulance to transport my son or daughter to the hospital and if necessary, I authorize medical treatment. I hereby verify that the student has passed a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics.

Signed_____ Date_____

I understand there are no refunds for payments made to Capital Gymnastics National Training Center. _____initials

Circle desired camp

Place an "X" in the week(s) you would like to attend

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
GYMNASTIC $185.00	June 25-29	Jul 2-3-5-6 $148	Jul 9-13	Jul 16-20	Jul 23-27	Jul 30-Aug 3	Aug 6-10	Aug 13-17
CHEER CAMP $185.00	June 25-29	Jul 2-3-5-6 $148	Jul 9-13	Jul 16-20	Jul 23-27	Jul 30-Aug 3	Aug 6-10	Aug 13-17
PRESCHOOL $185.00	N/A	N/A	Jul 9-13	N/A	Jul 23-27	N/A	Aug 6-10	N/A
TRAMPOLINE $185.00	N/A	N/A	Jul 9-13	N/A	N/A	N/A	N/A	N/A
OFFICE USE ONLY				**OFFICE USE ONLY**			**OFFICE USE ONLY**	
PAYMENT Amount / Date Check # Cash Receipt# Visa/MC/Disc. EPAY								