

# BLOOMINGTON UNITED GYMNASTICS & SOCCER

## SUMMER CAMP REGISTRATION FORM

**1. Household Information**

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian SS# or Birthdate: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**2. Camp Dates/Registration** (you may use one registration per household)

CAMPER'S FIRST/LAST NAME	AGE	GRADE ENTERING	M/F	TYPE AND DATES OF CAMP	CAMP CODE	T-SHIRT SIZE

CAMP	CAMP WEEK	TIME	CODE
<b><u>PRE-SCHOOL GYMNASTICS</u></b>	June 5-9	9:00 am - 12:00 pm	PS1
Ages 4-6 \$105 per week	June 12-16	9:00 am - 12:00 pm	PS2
	June 19-23	9:00 am - 12:00 pm	PS3
	June 26-30	9:00 am - 12:00 pm	PS4
	July 10-14	9:00 am - 12:00 pm	PS5
	July 24-28	9:00 am - 12:00 pm	PS6
	July 31-August 4	9:00 am - 12:00 pm	PS7
<b><u>SUPER HERO'S &amp; SOCCER</u></b>	June 5-9	9:00 am - 12:00 pm	SS1
Ages 4-6 \$105 per week	June 12-16	9:00 am - 12:00 pm	SS2
	June 19-23	9:00 am - 12:00 pm	SS3
	June 26-30	9:00 am - 12:00 pm	SS4
	July 10-14	9:00 am - 12:00 pm	SS5
	July 24-28	9:00 am - 12:00 pm	SS6
	July 31-August 4	9:00 am - 12:00 pm	SS7
<b><u>PEE WEE CHEER</u></b>	July 24-28	12:00 - 3:00 pm	PW1
Ages 4-6 \$105 per week			
<b><u>RECREATIONAL GYMNASTICS</u></b>	June 5-9	9:00 am - 3:00 pm	RG1
Ages 6-14 \$165 per week	June 12-16	9:00 am - 3:00 pm	RG2
	June 19-23	9:00 am - 3:00 pm	RG3
	June 26-30	9:00 am - 3:00 pm	RG4
	July 10-14	9:00 am - 3:00 pm	RG5
	July 24-28	9:00 am - 3:00 pm	RG6
	July 31-August 4	9:00 am - 3:00 pm	RG7
<b><u>DEVELOPMENT TEAM</u></b>	July 31-August 4	9:00 am - 3:00 pm	DC1
Ages 4-14 \$165 per week			
<b><u>TEAM</u></b>	July 17-21	TBA	TEAM

**T-SHIRT SIZE:**

Youth Extra Small  
 Youth Small  
 Youth Medium  
 Youth Large  
 Adult Small  
 Adult Medium  
 Adult Large

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**PAYMENT:**

50% of tuition is due when signing up & the remainder is due prior to the first day of camp.

There is a \$10 discount off of each additional camp your child registers for or if you register multiple children for camp.

**3. Emergency Information**-In case of emergency and parents cannot be reached:

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medications or Health concerns: \_\_\_\_\_

**4. Waiver Statement & Agreement to Pay** (must be signed and dated for participation)

I recognize that because of the potentially hazardous nature of this activity that an injury might be sustained. In the event of such an injury to my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release Bloomington United Gymnastics School, Inc., and its employees, volunteers, sponsors, officers, agents, independent contractors, vendors, and assigns from responsibility for any personal injuries or damages to any personal property caused by or having any relation to this activity. I understand that participants may be videotaped and/or photographed during this activity and assign and transfer all right, title and interest in any film footage/prints to Bloomington United Gymnastics School, Inc. for advertising purposes. I have read this release and understand all of its terms. I sign it with full knowledge of its significance. I further agree to pay the above fees and any court costs or attorney's fees if a collection process is necessary. I also understand that I will be charged a \$20 fee for any bounced checks.

Parent or Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_