

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: _____

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

CAMP CODE	CAMP WEEK	TIME	
<u>PRE-SCHOOL GYMNASTICS</u>	June 1-5	9:00 am - 12:00 pm	PS1
Ages 4-6	June 8-12	9:00 am - 12:00 pm	PS2
\$98 per week	June 22-26	9:00 am - 12:00 pm	PS3
	July 6-10	9:00 am - 12:00 pm	PS4
	July 13-17	9:00 am - 12:00 pm	PS5
	July 27-31	9:00 am - 12:00 pm	PS6
<u>SUPER HERO'S & SOCCER</u>	June 1-5	9:00 am - 12:00 pm	SS1
Ages 4-6	June 8-12	9:00 am - 12:00 pm	SS2
\$98 per week	June 15-19	9:00 am - 12:00 pm	SS3
	June 22-26	9:00 am - 12:00 pm	SS4
	July 6-10	9:00 am - 12:00 pm	SS5
	July 13-17	9:00 am - 12:00 pm	SS6
	July 27-31	9:00 am - 12:00 pm	SS7
<u>PEE WEE CHEER</u>	June 15-19	9:00 am - 12:00 pm	PW1
Ages 4-6			
\$98 per week			
<u>RECREATIONAL GYMNASTICS</u>	June 1-5	9:00 am - 3:00 pm	RG1
Ages 6-14	June 8-12	9:00 am - 3:00 pm	RG2
\$152 per week	June 15-19	9:00 am - 3:00 pm	RG3
	June 22-26	9:00 am - 3:00 pm	RG4
	July 6-10	9:00 am - 3:00 pm	RG5
	July 13-17	9:00 am - 3:00 pm	RG6
	July 27-31	9:00 am - 3:00 pm	RG7
<u>TUMBLING</u>	June 15-19	12:00 pm - 3:00 pm	TC1
Ages 7-16			

T-SHIRT SIZE:
 Youth Extra Small
 Youth Small
 Youth Medium
 Youth Large
 Adult Small
 Adult Medium

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

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 _____