

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
PRE-SCHOOL GYMNASTICS	June 6-10	9:00 am - 12:00 pm	PS1
Ages 4-6 \$105 per week	June 13-17	9:00 am - 12:00 pm	PS2
	June 20-24	9:00 am - 12:00 pm	PS3
	June 27-July 1	9:00 am - 12:00 pm	PS4
	July 11-15	9:00 am - 12:00 pm	PS5
	July 18-22	9:00 am - 12:00 pm	PS6
	August 1-5	9:00 am - 12:00 pm	PS7
	SUPER HERO'S & SOCCER	June 6-10	9:00 am - 12:00 pm
Ages 4-6 \$105 per week	June 13-17	9:00 am - 12:00 pm	SS2
	June 20-24	9:00 am - 12:00 pm	SS3
	June 27-July 1	9:00 am - 12:00 pm	SS4
	July 11-15	9:00 am - 12:00 pm	SS5
	July 18-22	9:00 am - 12:00 pm	SS6
	August 1-5	9:00 am - 12:00 pm	SS7
	PEE WEE CHEER	July 5-8	9:00 am - 12:00 pm
Ages 4-6 \$85 per week			
RECREATIONAL GYMNASTICS	June 6-10	9:00 am - 3:00 pm	RG1
Ages 6-14 \$159 per week	June 13-17	9:00 am - 12:00 pm	RG2
	June 20-24	9:00 am - 3:00 pm	RG3
	June 27-July 1	9:00 am - 3:00 pm	RG4
	July 11-15	9:00 am - 3:00 pm	RG5
	July 18-22	9:00 am - 3:00 pm	RG6
	August 1st-5th	9:00 am - 3:00 pm	RG7
	DEVELOPMENT TEAM	August 1st-5th	9:00 am - 3:00 pm
Ages 4-14 \$159 per week			
TEAM	July 25-29	TBA	TEAM

T-SHIRT SIZE:

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

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 _____