



All Stars Gymnastics Summer Camp 2009

Please fill out completely and clearly

Please check off your selection:

____ Full Day Camper –
\$199 per week (9am-4pm)

____ Half Day Camper –
\$130 per week (9am-12 noon)

*Multi-Child Discount –
Take 10% off second child's
camp fee

Before and After Care:

Before Care (8 am)
\$20 per week (per child) –

After Care (5 pm)
\$20 per week (per child)

OR

\$35 per week for both Before and
After Care (per child)

*Multi Week Discount
Sign up for 7 weeks and get the 8th
FREE!

Registration Fee:

A \$30 registration fee is required for all
full day participants which will help to
cover his/her swimming pool pass.

A \$10 registration fee is required for all
half day campers.

Deposit:

A \$100 deposit per week for full day
campers and a \$50 deposit per week for
half day campers are required to hold
each camper's spot. This deposit is non
refundable after June 22nd.

Please select which week(s) your child will attend:

Select	Dates	Before Care (8am) Yes or No	After Care (5 pm) Yes or No	Amount Paid	Amount Owed	Deposit Paid (Per Week)
	June 22 nd – June 26 th					
	June 29 th – July 3 rd					
	July 6 th – July 10 th					
	July 13 th – July 17 th					
	July 20 th – July 24 th					
	July 27 th – July 31 st					
	Aug 3 rd – Aug 7 th					
	Aug 10 th – Aug 14 th					
	Total:					

Camper's Name: _____ DOB: ___/___/___

T-shirt Size: _____

T-Shirt Replacement Fee - \$8 per shirt (Full day campers must wear the camp t-shirt on all field trips)

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Address: _____ City: _____ ZIP: _____

Mother's Name: _____ Father's Name: _____

Other Emergency Contact: _____ Phone #: _____

(Relationship) _____

Family Physician: _____ Phone #: _____

Medical Problems, Taking Medications, Allergies: _____

Swimming:

Please rate your child's swimming ability level (circle choice):

*1 being *Beginner*, 3 being *Intermediate*, 5 being *Excellent*

1 2 3 4 5

I hereby certify that the person/s enrolled in this program is/are able to participate in this program without any restrictions. It is out policy at All Stars Gymnastics & Cheering Academy that you use and provide your own insurance at all times. I understand gymnastics and all programs here, involve flight, rotation, and motion (forward and backward), therefore presenting an evidence of risk of serious injury or even death. It is furthermore understood that All Stars Gymnastics & Cheering Academy LLC will not be responsible or liable for injuries, loss of personal property and accidents that may occur during your stay here. I will allow my child/ren photo to be included in advertising, bulletin boards, brochures and newsletters. I recognize by signing this waiver, I will abide by and agree on all rules, procedures and polices of All Stars Gymnastics & Cheering Academy.

Parent/Guardian Signature X _____

