Camp Registration

Child Information:

First Name: _____ Last Name: _____

Gender: M F DOB:

Address: _____

Medical Concerns/Allergies: _____

Parent/Guardian Information:

Name: _____

Cell: _____ Email: _____

Emergency Contact:

Name: _____

Relation: _____

Phone: _____

Waiver: Although every effort will be made to provide a safe and enjoyable program it must be recognized that there are inherent risks involved. By singing below you agree and understand above statement and indemnity and save harmless Global Gymnastics club of Aurora, their coaches and instructors against all claims, demands, costs, damages, action suits or proceedings arising out of participation of your child in the camp activities.

Our day camps involve a lot of activities and we like to take kids outside for short walks to parks and playgrounds nearby (within 5-10 minutes). By signing below you are giving us permission to do so.

Parent/Guardian Signature: _____ Date: _____

For office use only

Day/Week								
Full $60								
Half $40								
Extend $10/h								

Total: _____