



SUMMER REGISTRATION FORM

PLEASE PRINT

CHILD'S NAME _____

BIRTH DATE _____

AGE (MUST BE 4½) _____ MALE _____ FEMALE _____

PRIOR GYMNASTICS Y _____ N _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____

CELL NUMBER () _____

EMERGENCY NAME AND PHONE NUMBER _____

CAMP WEEK _____

	<u>MEMBERS</u>	<u>NON-MEMBERS</u>
_____ HALF DAY (9:00AM -12:00PM)	\$130.00 WK.	\$140.00 WK.
_____ FULL DAY (9:00AM -3:00PM)	\$175.00 WK.	\$185.00 WK.

HALF DUE AT REGISTRATION-BALANCE FIRST MONDAY OF CAMP
10% DISCOUNT FOR EACH ADDITIONAL WEEK & \$10.00 EARLY BIRD REG. BY 5/2/2009.

*****DON'T FORGET A SNACK AND A DRINK FOR EACH DAY*****

CAUTION: GYMNASTICS, BEING AN ACTIVITY WHICH INVOLVES MOTION, ROTATION, OR HEIGHT COULD CAUSE SERIOUS OR CATASTROPHIC ACCIDENTAL INJURY EVEN UNDER SUPERVISED CONDITIONS.

I HEREBY RELEASE GALAXY GYMNASTICS, INC., THEIR DIRECTORS AND INSTRUCTORS FROM ANY AND ALL DAMAGE CLAIMS THAT COULD ARISE DUE TO PARTICIPATION IN THESE PROGRAMS.

X _____
SIGNATURE OF PARENT OR LEGAL GAURDIAN

DATE

PLEASE MAKE CHECKS PAYABLE TO GALAXY GYMNASTICS
100 NAAMANS ROAD BLDG. 2G ✦ CLAYMONT, DE. 19703
(302) 792-9747 ✦ FAX (302) 792-9747

******NO REFUNDS OR CREDIT******