

2010 Summer Camp at DC Gymnastics

*Register with a \$50.00 deposit by **June 6th**. Limited space available.*

Check off the weeks attending here.

Week 1 ___ Week 2 ___ Week 3 ___ Week 4 ___ Week 5 ___ Week 6 ___ Week 7 ___ Week 8 ___ Week 9 ___ Week 10 ___

Campers Circle one
 Name: _____ Age: _____ T-Shirt size: Child S M L Adult S M L
 Parent's Home Day Cell
 Name: _____ Phone: _____ Phone: _____ Phone: _____
 Address: _____ City/Zip Code: _____

Weekly Rate: \$260.00 – Paid in full prior to 1st day of camp
*Sign up for more than one week and receive a \$25 discount for each additional week
 plus receive a sibling discount of \$40 when signing up two or more siblings!*
 Early drop-off available if needed at \$5/day

Any Health Restriction or Medications: _____

I give my daughter permission to participate in the DC Gymnastics summer camp program. There are no refunds. Credit may be issued for illness or injury at our discretion. I further acknowledge that gymnastics is a physical activity which involves inherent hazards. By signing this form, I acknowledge these risks and will not hold DC Gymnastics and the instructors liable in the event of an accident of any kind.

Parent's Signature: _____ Date: _____

Grid is for office use only please

Weeks Of Camp	Amount Due	Amount Paid	Check Number	Balance Due	Early Drop off \$5/Day	Paid
1) June 28 –July2						
2) July 6-July 9 (4 Days \$208)						
3) July 12-16						
4) July 19- July 23						
5) July 26-July 30						
6) Aug 2-Aug 6						
7) Aug 9-Aug 13						
8) Aug 16-Aug 20						
9) Aug 23-Aug 27						
10) Aug 30-Sept 3						