



2010 SUMMER CAMP

GYMNASTIC ACADEMY of BOSTON



95 Vanderbilt Ave. Norwood, MA 02062
WWW.GYMNASTICACADEMYOFBOSTON.COM

See our website for SUMMER COUPONS & SAVINGS

Student's Name: _____ F _____ M _____

Address: _____ City: _____ Zip: _____

Birthday: _____ - _____ - _____ Age: _____ Grade in School (next fall): _____

Email: _____ Telephone: Home:(____) _____ Cell Phone:(____) _____

Billing Address if different:: _____

Emergency Contact: _____ Emergency Phone: _____

Mother's Name/Occupation: _____ Work Phone:(____) _____

Father's Name/Occupation: _____ Work Phone:(____) _____

Are there any Medical Conditions to which we should be alerted? _____

HOW DID YOU HEAR ABOUT US? Please, circle and fill in the one (or more) that apply.

Drive By - Open Gym - Birthday Party - Internet - Returning Member - Current Member

A Friend - Name: _____ News Papers - Name: _____ Other: _____

Acknowledgment of Risk and Waiver of Liability

As the parents or legal guardians of _____, we hereby give permission for our child to participate in programs at Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc. We recognize that gymnastics is a sport that involves height, rotation of the body and inflatables, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc. We hereby testify to our child's sound health of mind and body and we authorize Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc to seek medical treatment at the nearest medical facility in case of emergency.

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Signature of Parent the legal Guardian: _____ Date: _____

There are NO refunds without a Physician's note.

You may change the week your camper is enrolled in on a space available basis only.

Please, include **2009 - 2010 Heath Form** at the time of registration. Received:

| | |
|---|---|
| Y | N |
|---|---|

20% Sibling Discount (Will be applied to the lesser tuition)

Summer Registration Fee (waived for current members): **\$20**



| PRESCHOOL OPTIONS | | GRADE SCHOOL | | Extended Day | |
|-------------------|------|--------------|-------|--------------|-----------|
| Daily (AM Only) | | Weekly | | 7:30-9:00 | 3:30-5:30 |
| | \$37 | \$170 | \$310 | \$7/Day | \$10/day |

| CAMP WEEK | M | T | W | Th | F | Half Day (AM) | Half Day | Full Day | AM | PM | TOTAL | |
|---------------------|---|---|---|----|---|---------------|----------|----------|----|----|-------|---------|
| 1) June 28 - July 2 | | | | | | | | | AM | PM | | |
| 2) July 5 - 9 | | | | | | | | | AM | PM | | |
| 3) July 12 - 16 | | | | | | | | | AM | PM | | |
| 4) July 19 - 23 | | | | | | | | | AM | PM | | Amount: |
| 5) July 26 - 30 | | | | | | | | | AM | PM | | |
| 6) August 2 - 6 | | | | | | | | | AM | PM | | Check#: |
| 7) August 9 - 13 | | | | | | | | | AM | PM | | |
| 8) August 16 - 20 | | | | | | | | | AM | PM | | CC#: |
| 9) August 23 - 27 | | | | | | | | | AM | PM | | |
| 10) Aug 30 - Sept 3 | | | | | | | | | AM | PM | | Date: |

We accept Visa & MasterCard

*** Preschool Camp is offered AM's ONLY