



# 2012 February Vacation Camp

## GYMNASTIC ACADEMY of BOSTON

95 Vanderbilt Ave. Norwood, MA 02062

WWW.GYMNASTICACADEMYOFBOSTON.COM



**\*Due to scheduling reasons, registrations must be handed in by February 15th. No walk-ins will be allowed.\***

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: \_\_\_\_\_

Parent's Name/Occupation: \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Parent's Name/Occupation: \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

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

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



CAMP OPTIONS						
Daily Rate						
			\$37	\$66		
CAMP WEEK	T	W	Th	Half Day	Full Day	TOTAL
February 21, 22, 23				AM PM		

Amount:
Check#:
CC#:

**Half Day Camp = 9:00 - 12:00 OR 12:30 - 3:30**

**Full Day Camp = 9:00am - 3:30pm**

As the parents or legal guardians of the child listed above, we hereby give permission for our child to participate in programs at Gymnastic Academy of Boston, Inc. We recognize that gymnastics is a sport that involves inflatables, height, and rotation of the body, and there are inherent risks involved. On behalf of our child on our own behalf, we agree to waive all claims against Gymnastic Academy of Boston, 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 our child while on the premises or under the instruction, supervision, or control of the Gymnastic Academy of Boston, Inc. I hereby testify to our child's sound health of mind and body and we authorize the Gymnastic Academy of Boston, Inc. to seek medical treatment at the nearest medical center in case of an emergency.

*I have read and understand the above and agree to the above terms including the Risk and Waiver of Liability.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

