



Summer Camp Registration Form 2020

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 GymnasticAcademyofBoston.com/acton

Camper's Information	Last Name: _____ First Name _____ Birth date: ____/____/____ Age: _____ Gender: M [] F [] *Allergies/Medical Conditions: _____
Legal Guardian Information	Parent 1 _____ Cell Phone _____ Parent 2 _____ Cell Phone _____ Home Phone _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact	Name _____ Phone _____

Registration Policies: NO REFUNDS once you have turned in this Registration Form with your payment. Payments are due at the time of Registration. Registrations will not be processed without payment. We cannot reserve a spot until we receive full payment. You may change the week your camper is enrolled on a space available basis only. All Registrations MUST be accompanied by a Medical Form & Waiver for participation.

*Discounts: 20% Sibling Discount when more than 1 child is enrolled in the same camp week; applied to the lesser tuition
 15% Military Discount for all currently Active Military Families*

	Gymnastics Camp Indicate Registration Options Below	Extreme Warrior Camp Indicate Registration Options Below	Extended Day Indicate Registration Options Below	
Week	Week: F =full day session* (9:00-3:30) - \$397 A =1/2 day AM session (9:00-12:00) - \$237 P =1/2 day PM session (12:30-3:30) - \$237 Daily: F =full day session* (9:00-3:30) - \$93 A =1/2 day AM session (9:00-12:00) - \$57 P =1/2 day PM session (12:30-3:30) - \$57	(Weekly Option ONLY) Week: F =full day session* (9:00-3:30) - \$412 A =1/2 day AM session (9:00-12:00) - \$258	A=7:45-9:00am - \$16/day P=3:30-5:30 PM - \$26/day B=both sessions - \$40/day	Amount Due
1 June 15-19	Week__ M__ T__ W__ R__ F__		M__ T__ W__ R__ F__	\$
2 June 22-26	Week__ M__ T__ W__ R__ F__	Week__	M__ T__ W__ R__ F__	\$
3 June 29-July 3	Week__ M__ T__ W__ R__ <i>Pro-rated for Holiday</i>		M__ T__ W__ R__	\$
4 July 6-10	Week__ M__ T__ W__ R__ F__		M__ T__ W__ R__ F__	\$
5 July 13-17	Week__ M__ T__ W__ R__ F__	Week__	M__ T__ W__ R__ F__	\$
6 July 20-24	Week__ M__ T__ W__ R__ F__	Week__	M__ T__ W__ R__ F__	\$
7 July 27-31	Week__ M__ T__ W__ R__ F__		M__ T__ W__ R__ F__	\$
8 Aug 3-7	Week__ M__ T__ W__ R__ F__	Week__	M__ T__ W__ R__ F__	\$
9 Aug 10-14	Week__ M__ T__ W__ R__ F__		M__ T__ W__ R__ F__	\$
10 Aug 17-21	Week__ M__ T__ W__ R__ F__	Week__	M__ T__ W__ R__ F__	\$
11 Aug 24-28	Week__ M__ T__ W__ R__ F__		M__ T__ W__ R__ F__	\$
12 Aug 31-Sept 4	Week__ M__ T__ W__ R__ F__		M__ T__ W__ R__ F__	\$
* Full Day Camp Sessions ONLY, include 30 min. of FREE Swim at Teamworks, Acton *				Total Due \$ _____

For Office Use Only			
Check # _____	Amount \$ _____	Received Packet _____	Received Medical Forms _____