



2008 Summer Camp Registration Form

1. Complete and sign registration form
2. Make Checks Payable to **DYNAMICS GYMNASTICS CENTER**
3. For Credit Card Payment provide:

Name on Card: _____

Card #: _____ Exp Date: _____

Registration Form and payment due one week prior to start of camp

GYMNAST INFORMATION

Last name _____ First _____ DOB _____

Address _____ Age / Grade _____ M F

City _____ State _____ Zip _____ Home Phone _____

PARENTS and/or GUARDIANS

Mothers Name _____ Cell # _____ Work # _____

Fathers Name _____ Cell # _____ Work # _____

Email: _____ Email: _____

CAMP REGISTRATION

**\$ 90.00 per week
or choose
One Day \$ 25.00
Two Days \$ 48.00
Three Days \$ 70.00**

10% Discount for siblings of same family. Each camp is four days a week (Mon – Thu) from 12:30 – 4:00 p.m. and offers gymnastics lessons, sport activities, games, arts and crafts. Please bring your own snack/lunch, leotard or short and t-shirt, clothes & shoes for outside play.

PROGRESSIVE GIRLS/BOYS (5 – 12 years)

___ Week One	June 16 – 19, 2008	or choose:	Mon	Tue	Wed	Thu
___ Week Two	June 23 – 26, 2008	or choose:	Mon	Tue	Wed	Thu
___ Week Three	July 7 – 10, 2009	or choose:	Mon	Tue	Wed	Thu
___ Week Four	July 14 – 17, 2008	or choose:	Mon	Tue	Wed	Thu
___ Week Five	July 21 – 24, 2008	or choose:	Mon	Tue	Wed	Thu
___ Week Six	July 28 – 31, 2008	or choose:	Mon	Tue	Wed	Thu
___ Week Seven	August 4 – 7, 2008	or choose:	Mon	Tue	Wed	Thu
___ Week Eight	August 11 – 14, 2008	or choose:	Mon	Tue	Wed	Thu

EMERGENCY INFORMATION – If my child becomes ill or injured and I cannot be reached please call:

Name _____ Phone _____

Health Insurance _____ Policy No. _____

Please list or explain any immediate health or physical situation we should take special consideration of:

Allergies and/or Medications: _____

WAIVER AND RELEASE

Realizing that the activity for which I am making this application involves a certain amount of risk to me/my child, I hereby agree to assume all such risk or loss, damage or injury to the person and property of my child and to release and indemnify Dynamics Gymnastics and the agents and employees, from any and all claims from such loss, damage or injury sustained by me/my child while engaging in such activity. All campers must be covered by their own medical insurance. I also understand Dynamics Gymnastics Camp retains the right to use any photographs, videos or other advertising for legitimate purpose. For more information, contact Dynamics Gymnastics at (952) 808-0275 or online at www.DynamicsGym.com

Parent or Legal Guardian's Signature _____ **Date** _____