



SUMMER CAMP REGISTRATION FORM

166 Airport Dr Unit 10 phone: 443-794-4445
 Westminster, MD 21157 email: ribatulin@yahoo.com

Student _____ Gender _____ Date of Birth _____ Parent/Guardian: _____
 Emergency Contact's Name & Phone: _____ Address: _____
 City/State/Zip: _____ Home Phone: _____
 Mom's Phone: _____ Dad's Phone: _____ E-Mail Address: _____
 Student's medical / behavior limitations? _____ Competitive/Recreational Programs _____

| | FULL DAY CAMPS (8am-6pm) | | (8am-1pm) HALF DAY CAMPS (1pm-6pm) | | |
|---------------------|--------------------------|-----------------------|------------------------------------|-----------------------|---------------------|
| WEEKS | 5 Days-\$280 | Per day fee-\$110 | 5 Days-\$225 | Per day fee-\$95 | WEEKLY CAMP TUITION |
| June 17-June 21 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| June 24- June 28 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| July 1- July 5 | NO CAMP | | NO CAMP | | NO CAMP |
| July 8-July 12 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| July 15- July 19 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| July 22-July 26 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| July 29-Aug 2 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| Aug 5-Aug 9 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| Aug 12- Aug 16 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| Aug 19- Aug 23 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| Aug 26- Aug 30 | MON-FRI | MON/TUE/WED/THURS/FRI | MON-FRI | MON/TUE/WED/THURS/FRI | |
| CAMP TUITION TOTAL: | | | | | |

Waiver of Liability & Permission Statement I approve and permit my child/ren to participate in Westminster School of Gymnastics (WSOG) programs. I realize the risk of serious critical injury of any part of my child's body and even death related to sport activities at WSOG. Therefore I agree not to hold responsible any officials or staff members who work at WSOG for any injuries or death which may happen while exercising at WSOG facilities. I also agree to be fully responsible for my personal losses or theft that may occur at WSOG's facility. I give permission to WSOG's officials and staff to provide first aid, call a doctor, and a parent in the event of injury or any other emergency situation at the gym. I take a full responsibility for medical bills of my child's treatments related to injury at WSOG. In signing below, I give a permit ion to WSOG to take and use any photographs and videos of my child for any publications, advertising and website use. I confirm that I have read and understood completely this waiver of liability. By voluntarily signing this release I am aware of the policies and liabilities that may occur in gymnastics. I also understand there are no refunds or credit given after the payment was made to WSOG.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Payment Date: _____ Non-refundable \$75 deposit due with registration form: _____
 Number of weeks: _____ Payment Amount: _____
 Payment Method: V MC CSH CHK#: