



SUMMER CAMP REGISTRATION FORM

166 Airport Dr Unit 10 phone: 443-764-4445
 Westminster, MD 21157 westminstergymnastics.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 (8:30 am-5:30 pm)		(8:30 am-1pm) HALF DAY CAMPS (1pm-5:30pm)		
WEEKS	5 Days-\$320	Per day fee-\$130	5 Days-\$255	Per day fee-\$105	WEEKLY CAMP TUITION
June 13- June 17	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
June 27- July 1	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 4-July 8	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 11- July 15	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 18-July 22	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 25-July 29	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 1-Aug 5	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 8- Aug 12	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 15- Aug 19	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 22- Aug 26	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 29- Sept 2	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#:



Westminster

School of Gymnastics & Cheer

REGISTRATION FORM

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 Westminster, MD 21157 westminstergymnastics.com

Student's Name	Age	Date of Birth	Gender

Parent/Guardian _____ Emergency Contact's Name & Phone _____
 Address _____ City/State/Zip _____ Home Phone _____
 Mom's Phone _____ Dad's Phone _____ E-Mail Address _____
 How did you hear about School of Gymnastics? _____ Have you taken a gymnastic class before? _____
 Student's medical/behavior limitations? _____
 Class you register for (from the schedule) Session _____ Day _____ Time _____

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Parent/Guardian Signature _____ Date _____

For Office Use Only

Payment Date _____
 Payment Amount Registration Fee _____ Tuition Fee _____
 Payment Method V MC CSH CHK# _____