



## 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 19- June 23	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
June 26- June 30	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 3-July 7	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 10-July 14	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 17- July 21	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 24-July 28	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
July 31- Aug 4	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 7- Aug 11	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 14- Aug 18	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 21-Aug 25	MON-FRI	MON/TUE/WED/THURS/FRI	MON-FRI	MON/TUE/WED/THURS/FRI	
Aug 28- Sept 1	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#: