

American Gymnastics - 2010 Dance and Gymnastics 1/2 day camp

Student _____ M ___ F ___ Date of Birth _____

Mother's Name _____ Father's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Mother's Cell _____ Father's Cell _____

***Tuition is payable in full
and must accompany this registration form by May 1, 2010***

***Cost: \$45.00 per day (2 day/2 week minimum)
OR \$25 per class for 1.5 hour gymnastics class only (1:15-2:45)***

Please indicate which weeks and days your child will attend:

Week 1: July 6- July 9 1:15 - 4:00 _____

Week 2: July 12-July 16 1:15 - 4:00 _____

Week 3: July 19 - July 23 1:15 - 4:00 _____

Week 4: July 26 - July 30 1:15 - 4:00 _____

Week 5: Aug 2- Aug 6 1:15 - 4:00 _____

Week 6: Aug 9 - Aug 13 1:15 - 4:00 _____

Week 7: Aug 16 - Aug 20 1:15 - 4:00 _____

I understand and agree that: (a) our commitment to American Gymnastics is for a 2 or more week commitment and **tuition payments are nonrefundable for any reason;** (b) **payment in full is required at the time of registration;** (c) a \$20.00 fee will be assessed against all returned checks; and (d) American Gymnastics reserves the right, in its sole discretion, to request the withdrawal of a pupil at any time for reasons consistent with the best interest of the center.

I, the undersigned, on behalf of myself and minor child(ren) participating in classes, lessons and/or programs of American Gymnastics (collectively "Programs") acknowledge and appreciate the risks of injury associated with participation in the Programs. We knowingly and willingly assume all such risks. Consequently, we for ourselves, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches and other members of American Gymnastics from personal injury or accident of any sort or nature suffered by us, by reason of participation or membership in the Programs.

Signature _____ **Date** _____