



Gymnastics, Fitness and Fun!!

June 4th - August 17th

CHILD'S NAME _____ AGE _____ DOB _____ M / F

CHILD'S NAME _____ AGE _____ DOB _____ M / F

CHILD'S NAME _____ AGE _____ DOB _____ M / F

ADDRESS _____ CITY _____ ZIP _____

PARENT'S NAME _____ PHONE _____

PHONE _____ E-MAIL _____

Enrollment: Please Circle Choices

Program:	# of Days:	Days Attending:	Week:
Full Day	_____	Monday	Week 1 - 6/4 - 6/8
		Tuesday	Week 2 - 6/11 - 6/15
Half Day	_____	Wednesday	Week 3 - 6/18 - 6/22
		Thursday	Week 4 - 6/25 - 6/29
AM - 7:30 am - 12:30 pm		Friday	Week 5 - 7/9 - 7/13
PM - 12:30 pm - 5:30 pm			Week 6 - 7/16 - 7/20
			Week 7 - 7/23 - 7/27
			Week 8 - 7/30 - 8/3
			Week 9 - 8/6 - 8/10
			Week 10 - 8/13 - 8/17

Late Pick Up Fee after 5:30 pm

Pricing:

Full Day	Half Day	Camp Registration	_____ Registration
5 days - \$315	5 days - \$190	\$25	
4 days - \$270	4 days - \$160	Sibling	+ _____ Camp Fees
3 days - \$190	3 days - \$140	\$15	
2 days - \$140	2 days - \$120		_____ Total Fees
1 day - \$70	1 day - \$60		
10% Sibling Discount			
\$50 Deposit Required Per Week		Non Refundable	Payment Method - Cash, CC, Check

PLEASE COMPLETE AND PRINT LEGIBLY

MOTHER'S EMPLOYER _____ PHONE _____

FATHER'S EMPLOYER _____ PHONE _____

PERSONS AUTHORIZED TO PICK-UP _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY HOSPITAL PREFERENCE _____

MEDICAL CONDITIONS _____ ALLERGIES _____

SPECIAL INSTRUCTIONS _____

I hereby authorize the staff of Stars Gymnastics to act for me according to their best judgment in any emergency requiring medical attention & hereby waive & release the staff and Stars Gymnastics from any and all liability for any injuries and illness incurred while at the activity. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. I further agree to indemnify and hold harmless Stars Gymnastics Training Center-Houston, LLC., and any and all entities and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Stars Gymnastics Training Center-Houston, LLC., activities or any activities incidental thereto, whenever, wherever, or however the same may occur. The facility is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participant's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named child's participation in the program. I also understand that Stars Gymnastics retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

SIGNATURE _____ DATE _____