



# Stars Holly Daze

## Dec 26th-28th & Jan 2nd-4th

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 \_\_\_\_\_

EMAIL \_\_\_\_\_

### Enrollment: Please Circle Choices

Program:

# of Days:

Days Attending:

*Full Day*

*Half Day*

AM: 7:30am-12:30pm

PM: 12:30pm-5:30pm

\* LATE PICK UP FEE AFTER 5:30PM

\_\_\_\_\_

Wednesday

Thursday

Friday

### Pricing:

Full Day

Half Day

Camp Registration

3 Days- \$190

3 Days- \$140

1st Child- \$25

2 Days- \$140

2 Days- \$120

Each Sibling- \$15

1 Day- \$70

1 Day- \$60

*10% Sibling Discount*

***\$50 Deposit Required***

***Non-Refundable***

### Office Use:

\$ \_\_\_\_\_ Registration    \$ \_\_\_\_\_ Camp Fee    \$ \_\_\_\_\_ Total Fees

Payment Method:

Cash, CC, CK \_\_\_\_\_

**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 \_\_\_\_\_**