



Gymnastics, Fitness and Fun!!

June 1st-August 20th

CHILD'S NAME: _____	AGE: _____	DOB: _____	M / F
CHILD'S NAME: _____	AGE: _____	DOB: _____	M / F
CHILD'S NAME: _____	AGE: _____	DOB: _____	M / F
PARENT'S NAME: _____	PHONE: _____		
ADDRESS: _____	CITY: _____	ZIP: _____	
EMAIL ADDRESS: _____			

Enrollment: Please Circle Choices

Program	# of Days	Days Attending	Week
Full Day	_____	Monday	Week 1 - 6/01 - 6/04 Week 7 - 7/12 - 7/16
Half Day	_____	Tuesday	Week 2 - 6/07 - 6/11 Week 8 - 7/19 - 7/23
AM - 7:30 am - 12:30 pm		Wednesday	Week 3 - 6/14 - 6/18 Week 9 - 7/26 - 7/30
PM - 12:30 pm - 5:30 pm		Thursday	Week 4 - 6/21 - 6/25 Week 10 - 8/02 - 8/6
\$25 Late Pick Up Fee after 5:30 pm*		Friday	Week 5 - 6/28 - 7/02 Week 11 - 8/09 - 8/13
			Week 6 - 7/05 - 7/9 Week 12 - 8/16 - 8/20

Pricing:

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

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 _____