



M&M Gymnastics



Compulsory/Xcel Clinic/Camp

August 6th-9th

**Girls USAG Levels 2-5
& Xcel Team**



**Who should attend?! ALL
team members should!
This clinic/camp
will benefit you for
your competitive season!**

**Regular scheduled team
practices will be going
on ALL week as well!**

**Friday, August 10th
Level 2-5 Practice Meet**

9:00am

12:00pm

Girls Team Sleepover~\$30.00

Friday, August 10th

8:00pm-8:00am

Open Gym 6:00-8:00pm

~Free with sleepover

262-789-6885 ~ mmgymnastics.com

M & M GYMNASTICS REGISTRATION FORM

COMPULSORY CAMP/CLINIC

SLEEPOVER

PARENT SIGNATURE REQUIRED.

Student Name: _____ Birthdate: _____ Male: _____ Female: _____

Address: _____ City: _____ Zip: _____ Email: _____

Home Phone: (414/262) _____ Emergency Contact (414/262) _____ Cell (414/262) _____

Mother's Name: _____ Work # () _____ Father's Name: _____ Work # () _____

How did you hear about us? (Friend's name, Ads, Yellow Pages) _____

I understand that participation in gymnastics involves risk and possible injury. I understand and agree that M&M and their staff will assume no responsibility for medical expenses incurred by my son or daughter as a result of injury at this facility. My child has no physical, mental or emotional problems that would interfere with participation in this program. I also agree to incur charges for this session. *THE M&M GYMNASTICS PHOTO RELEASE FORM. I hereby grant M&M Gymnastics permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of M&M Gymnastics and will not be returned.

PARENT SIGNATURE: _____

DATE: _____