HUDSON GYMNASTICS

SUMMER CAMP 2010

Student's Name : Last _____ First _____

Boy ☐ Girl ☐ Age : _____ DOB : ____ / ____ / _____

Address : _____ Mom's Name : _____

City : _____ Zip : _____ Work Phone : _____

Home Phone : _____ Dad's Phone : _____

Cell Phone : _____ Work Phone : _____

E-mail : _____ (if more than 1 child, family information on file) _____

Name and Phone of alternate emergency contact : _____

Medical conditions or allergies to which we should be alerted : _____

How did you hear about Hudson Gymnastics? _____

Has anyone in your family previously been enrolled at Hudson Gymnastics? Yes _____ No _____

* Member ☐ * Non-Member ☐

Level : * Pre-school ☐ * Beginner 1 or 2 ☐

* Intermediate ☐ * Level 4 & up ☐

SUMMER CAMP GYMNASTICS

Monday ~ Friday / 9:00 ~ 12:00

Camp 1 = July 5 ~ 9 ☐

Camp 2 = July 12 ~ 16 ☐

Camp 3 = July 26 ~ 30 ☐

Camp 4 = August 2 ~ 6 ☐

Camp 5 = August 16 ~ 20 ☐

Member $135.00 Non-member $145.00 Age: 6 and up

$10 Discount for each additional camp

Realizing that the activity for which I am making this application involves a certain amount of risk to me/my child, I hereby agree to assume all such risk or injury to the person and property of my child and to release and indemnify Hudson Gymnastics, Ins, and agents and employees, from any and all claims from such loss, damage or injury sustained by me/my child while engaging in such activity. All campers must be covered by their own medical insurance. I also understand Hudson Gymnastics Camp retains the right to use any photographs, videos or other advertising for any legitimate purpose.

Parent/Guardian Signature : _____ **Date :** _____

Please make check payable to Hudson Gymnastics Camp and mail this registration form to:
Hudson Gymnastics Camp / 2760 Enloe St. Hudson, WI 54016 / 715 - 381 - 8145