

2010 TUMBLEFUN GYMNASTICS CAMP REGISTRATION

STUDENT INFORMATION

Child's Name _____ F_M_ Home Phone () _____
 Street _____ Town _____ Zip _____
 Birth Date _____ Age _____ School (if any) _____
 Mother's Name _____ Work Phone () _____
 Father's Name _____ Work Phone () _____
E-mail _____ Cell Phone () _____
Emergency Contact _____ () _____

MEDICAL INFORMATION

Family Physician _____ Phone () _____
 Does the student have any known allergies, medical conditions, or limitations? _____

RELEASE:

I hereby agree that neither Tumblefun, nor its agents, employees, officers, or directors shall be liable for injuries, damages, or loss sustained by my child _____, which are in any way related, whether directly or indirectly, to my child's participation in gymnastics camp. I acknowledge that the activities of my child involving motion, rotation, or elevation are of risk and may cause accidental injury, and hereby waive and claim against for mentioned parties.
 Confirmation: Call 781-837-9895 if you would like confirmation.

Refunds: Tuition costs are not refundable once a student has attended.

\$15 Registration	Monday	Tuesday	Wednesday	Thursday	Friday
June 21-25					
June 28-July 2					
July 5-9	CLOSED				
July 12-16					
July 19-23					
July 26-30					
Aug 2-6					
Aug 9-13					
Aug 16-20					
Aug 23-27					

Please note whether your child will attend **AM** (9:15-12:00), **PM** (4yrs+) (12:45-3:30), **FULL DAY** (please pack a lunch for your child 9:15-3:30) or **BACKHANDSPRING CLINIC** (12:45-3:30) The cost is \$32 per half day or \$64 for a full day. Thank you!

Date _____

Parent/Guardian Signature _____

Registration fee of \$15 per family for non-members
 781-837-9895

www.tumblefungymnastics.com