



P.A. Aerials 2010 CAMP REGISTRATION FORM

Gymnasts Name: _____ M F

Home Ph#: _____ Date of Birth _____ Age: _____
Month Day Year

Family email: _____

Mailing Address: _____

City: _____ P-Code: _____

Gymnasts Hospitalization #: _____ Doctor's Name: _____

Allergies: _____

Medical Conditions: _____

Medication Using: _____

Parents:

Mother: _____ Place of Employment: _____

Cell # _____ Day Ph#: _____

Father: _____ Place of Employment: _____

Cell # _____ Day Ph#: _____

Emergency Contact Person: _____ Phone #: _____

(Other than Parent)

Relationship to Gymnast

WAIVER: "I" the undersigned participant or guardian of participant listed above, do hereby acknowledge that I am aware of all activities normally required in and associated with participation in the Prince Albert Aerials Gymnastics Club. I do hereby consent to the participant fully participating and know of no condition, which may affect the ability of the participant from safely participating. I waive and release all rights and claims for damage, which I may hereafter accrue to me against the Prince Albert Gymnastics Club, their organizers, or their respective officers, agents, and representatives. I acknowledge that the Prince Albert Gymnastics Club reserves the right to require a medical certificate from any participant. Law regulates the collection, use, and disclosure and security of your personal information. The P.A. Gymnastics Club collects and uses your personal information to provide you with programs, services, products, and information you require as a member of the club and Gymnastics Saskatchewan. To enable our organizations to manage and develop its operations we may share you information with our members. Submission of your registration form and fees constitutes consent to collect, use, disclose and retain your personal information as is reasonable for Gym Sask. and the P.A. Gymnastic Clubs purposes. Photos of participants doing camp activities may be published on boards, in newsletters, or in promotional material.

Signature of Parent or Guardian

Date

2010 SUMMER DAY CAMP

Current Member

New Member \$10.00

Week 1 – July 5 – 8

Week 5 – Aug. 3 – 5 (Tues – Thurs)

Week 2 – July 12 – 15

Week 6 – Aug. 9 – 12

Week 3 – July 19 – 22

Week 7 – Aug. 16 - 19

Week 4 – July 26 – 29

Circle Days Attending:

MON

TUES

WED

THURS

Half Day AM or PM \$80.00 / week or \$25.00 / day

OR

Full Day \$120.00 / week or \$35.00 / day

Early
Drop off _____ \$5.00/½hour/day

Late
Pick up _____ \$5.00/½hour/day