



A Plus Gymnastics Spring Camp

April 5-9, 2010 Registration Form



Child's Name _____

Child's Birthday _____

Parent's Name _____

Phone Number _____

Address _____

Emergency Contact _____

Emergency Phone _____

Any other information we need (allergies, etc) _____

	Non-Member	Member*	Community Card**
Full Week 9am-2pm	\$170	\$140	\$110
Full Week 9am-11am	\$90	\$80	\$60
One Day 9am-2pm	\$50	\$45	\$40
One Day 9am-11am	\$30	\$25	\$20

Before Care available 8am-9am for \$10 per day or \$30 per week.
 Open Gym available daily from 2pm-4pm at normal open gym prices.
 After Care 4pm-6pm in the Party & Play Zone at normal open play prices.

*Annual Membership may be purchased for \$50.00 per year.
 **Community Card may be purchased for \$200.00 per year.

Non-Refundable Deposit of \$15 per day or \$40 per week per child due at registration.
 Early Bird Discount \$15 off FULL WEEK ends February 13, 2010.
 Multiple Child Discount only for Members & Community Card \$5.00 per week.
 Maximum Discount \$50.00 per family.

Campers should bring their own lunch, snacks and drinks or money to purchase snacks or drinks. LUNCH IS NOT PROVIDED.

All Camp Participants Must be Potty-Trained. No PULL UPS please!

Warning and Waiver of Liability

I understand that participation in a gymnastics program involves risk and possible physical injury, including severe injuries and permanent impairment. I understand that such risks cannot be eliminated by the use of due care by coaches, staff or the gymnasts. Furthermore, as the parent/guardian of the participant I have instructed my child that the use of A Plus Gymnastics Center, Inc. and Hamilton County Sports Complex equipment is for sound educational purposes and that at no time is he/she to use the equipment without supervision. I authorize A Plus Gymnastics Center, Inc. and Hamilton County Sports Complex staff to secure any emergency medical treatment that my child may need because of injury sustained while using the equipment of A Plus Gymnastics Center, Inc. and Hamilton County Sports Complex. I hereby waive and release all rights and claims for damages that my child may have incurred at any time against A Plus Gymnastics Center, Inc. and Hamilton County Sports Complex or any of its employees for any injury of damages that is sustained while under their instruction, supervision and control.

Parents Signature _____ Date _____

Please mark to indicate your membership status: Non-Member Member Community Card

Please indicate your camp choices below:

				Price Calculations
<input type="checkbox"/> Before Care (8am-9am)	<input type="checkbox"/> Full Week	Single Day	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	\$ _____
<input type="checkbox"/> Camp <input type="checkbox"/> 9am-2pm OR <input type="checkbox"/> 9-11am	<input type="checkbox"/> Full Week	Single Day	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	\$ _____
<input type="checkbox"/> Open Gym (2pm-3pm)	<input type="checkbox"/> Full Week	Single Day	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	\$ _____
<input type="checkbox"/> Open Gym (3pm-4pm)	<input type="checkbox"/> Full Week	Single Day	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	\$ _____
<input type="checkbox"/> After Care (4pm-5pm)	<input type="checkbox"/> Full Week	Single Day	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	\$ _____
<input type="checkbox"/> After Care (5pm-6pm)	<input type="checkbox"/> Full Week	Single Day	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	\$ _____

Open Gym & After Care Prices

Non-Members
\$5/hour

Members
\$3/hour

Community Card
\$2/hour

For Office Use: Total \$ _____ Less Deposit \$ _____ = Balance due at Camp \$ _____