



CountrySide's Summer Gymnastics Camps

330 McArthur Road, Fayetteville, NC 28311
910-488-9380, Fax 910-488-0800

Visit our website www.countrysidegym.com

Our mission: To provide children with a positive, challenging, fun, and safe gymnastics environment.

When planning your child's summer activities, consider one of our camps. They are action packed and FUN, as well as structured to the level of the gymnasts in the camp. If your child is currently taking gymnastics, our camps can enhance their regular gymnastics classes and further improve their skills. If they are new to gymnastics they will learn skills and have fun.

A \$20.00 (non-refundable) deposit on each camp is required. And each additional child receives 10% off!

<p>CAMP 1: June 16, 17, & 18 Monday, Tuesday, & Wednesday 9:00-Noon Boys: Tiny Tumblers-Level 2 Girls: Wee Shots, Tiny Tumblers-Level 3 \$70.00</p>	<p>CAMP 2: June 30, July 1 & 2 Monday, Tuesday, & Wednesday 9:00-Noon Boys: Tiny Tumblers to Level 2 Girls: Wee Shots, Tiny Tumblers to Level 3 \$70.00</p>
<p>CAMP 3: July 10, 11, & 12 TEAM CAMP Thursday & Friday 9:00am – 3:00pm & Saturday 9:00- 1 Boys: Preteam-Level 10 Girls: Hot Shots, Preteam-Level 10 \$95.00</p>	<p>CAMP 4: July 21, 22, & 23 Monday, Tuesday, & Wednesday 9:00-Noon Boys: Tiny Tumblers to Level 2 Girls: Wee Shots, Tiny Tumblers to Level 3 \$70.00</p>
<p>CAMP 5: August 4, 5, & 6 Monday, Tuesday, & Wednesday 9:00-Noon Boys: Tiny Tumblers to Level 2 Girls: Wee Shots, Tiny Tumblers to Level 3 \$70.00</p>	<p>WHAT TO WEAR: BOYS: Shorts-non basketball (w/elastic waist) & a shirt that can be tucked in GIRLS: Leotard or Shorts-non basketball (w/elastic waist) & a shirt that can be tucked in A snack will be provided at break time.</p>

Camp Registration Form

Camper's Name _____ Age _____ Level _____ Camp# _____

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Address _____ City _____ Zip _____

Home Phone _____ Cell _____

Emergency Contact _____ Phone _____

ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY

I hereby consent my child(ren) participating in the program at CountrySide Gymnastics (CSG). I understand that injuries can occur and risk is involved in gymnastics activity that involves height and motion. I further agree that CSG, along with employees and officers of CSG, shall not be liable for any losses or damages occurring as a result of my child's(children's) participation in gymnastics, except where such loss or damage is the result of intentional or reckless conduct of one of the individuals identified above.

MEDICAL/HEALTH ACKNOWLEDGEMENT

I hereby certify that my child(ren) is(are) in good health and physical condition and is(are) fully able to participate in the CSG camp program as well as maintain the physical condition so long as he/she(they) participate(s) in the camp.

This waiver and agreement, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

Parent's Signature _____ Date _____

OFFICE USE ONLY

Total Cost \$ _____, Deposit Date _____, Amount of Deposit \$ _____, Form of Pay _____ Bal Due \$ _____
Date Paid _____, Amount Paid \$ _____, Form of Pay _____ Bal Due \$ _____