

Summer Camps

CountrySide Gymnastics

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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. Each additional child receives 10% off! Receive 10% off your total if a deposit is paid by May 31st!**

<p>CAMP 1: June 13, 14, & 15 Monday, Tuesday, & Wednesday 9:00am-Noon Boys: Tiny Tumblers to Level 2 Girls: Tiny Tumblers to Jr. All Stars, Dymomites \$80.00</p>	<p>TEAM CAMP June 23, 24, & 25 Thursday & Friday 9:00am-3:00pm Saturday 9:00am-1:00pm Boys: Preteam, Levels 4-10 Girls: All Star Prep, Levels 4-10 \$125.00</p>
<p>CAMP 2: July 11, 12, & 13 Monday, Tuesday, & Wednesday 9:00am-Noon Boys: Tiny Tumblers to Level 2 Girls: Tiny Tumblers to Jr. All Stars, Dymomites \$80.00</p>	<p>CAMP 3: July 25, 26, & 27 Monday, Tuesday, & Wednesday 9:00am-Noon Boys: Tiny Tumblers to Level 2 Girls: Tiny Tumblers to Jr. All Stars, Dymomites \$80.00</p>
<p>CAMP 4: August 8, 9, & 10 Monday, Tuesday, & Wednesday 9:00am-Noon Boys: Tiny Tumblers to Level 2 Girls: Tiny Tumblers to Jr. All Stars, Dymomites \$80.00</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# _____
 Camper's Name _____ Age _____ Level _____ Camp# _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell _____ Cell _____
 Emergency Contact _____ Phone _____

ACKNOWLEDGE OF RISK, WAIVER OF LIABILITY, AND PHOTO CONSENT

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. I allow CountrySide Gymnastics to publish photos of my child(ren) in any media form it deems fit Y _____ N _____

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 to participate 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 \$ _____