



Vasi's International Gymnastics, LLC 8 Pecks Lane, Newtown, CT 06470
 203-270-VASI (8274) www.vasisgymnastics.com ~~ info@vasisgymnastics.com

2011 Summer Camp Registration

Family Last Name _____ Home Phone # _____

(For each child please circle full day or half day then choose Full Week OR individual days)

1ST Child's Name _____ M/F Age _____ DOB _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

2nd Child's Name _____ M/F Age _____ DOB _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

3rd Child's Name _____ M/F Age _____ DOB _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Week #: _____ Full Day OR Half Day Full Week or Mon Tues Wed Thurs Fri fee _____

Address _____ Town _____ Zip _____

Mother's Full Name _____ Work # _____ Cell# _____

Father's Full Name _____ Work # _____ Cell# _____

In case of an emergency, please call _____ Phone # _____

Email address: _____ for memo & billing use only.

ANY Medical Conditions/Allergies we should be aware of: _____

Policies: Drop off starts **NO** earlier than 8:45 am everyday. Pick up is 12:30 or 3:30 unless prior arrangements have been made. A \$5 per 1/2 hour late pick-up fee for **FULL DAY ONLY** is to be paid daily in cash to front desk. There are **NO** make-ups or refunds for missed days/hours of summer program. Returned checks will be charged a \$25 bank fee.

I acknowledge and understand the potential risk of injury and dangers inherent in the sport of gymnastics and other activities sponsored by Vasi's International Gymnastics, and I acknowledge the assumption of those risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions or inactions, the actions or inactions of others participating in the event, the conditions in which the event takes place. For and in consideration of gymnast's registration with Vasi's International Gymnastics I as gymnast or as gymnast's parent and/or legal guardian hereby release forever discharge covenant not to sue and agree to indemnify and hold harmless Vasi's International Gymnastics, its owners and employees, from any and all liabilities, claims, demands or causes of action that I may hereinafter have for injuries or damages arising out of participation in activities at Vasi's International Gymnastics or events which it may sponsor or be affiliated with or activities incidental thereto. This release includes but is not limited to injuries, damages or losses caused by the passive or active negligence of the released parties or hidden, latent or obvious defects with the equipment sold or used.

Parent/Guardian Signature

Date

TOTAL FEES: _____

Pd: _____ Date Pd: _____ Method: _____

Pd: _____ Date Pd: _____ Method: _____