

**Biron Gymnastics INC., 2011
WINTER BREAK CAMP REGISTRATION FORM**

Office Use Only
Imm. Recs. _____
Med. Form _____

Family Information

Mom's Name: _____ Place of Business: _____ Work () _____
 Dad's Name: _____ Place of Business: _____ Work () _____
 Home Address: _____ City _____ St _____ Zip _____
 Home Phone () _____ Cell / Pager () _____ e-mail _____

1st Camper's Name _____ Sex _____ DOB _____ Age as of Dec. 1, 2010 _____

Medical conditions or special needs _____

\$5.00 Registration Fee

Daily Rate: \$52.00 Non-field trip \$62.00 Field trip
1 Week \$225.00 2 Weeks \$215.00

Dec. 19th	()	Dec. 26th	()
Dec. 20th	()	Dec. 27th	()
Dec. 21st	()	Dec. 28th	()
Dec. 22nd	()	Dec. 29th	()
Dec. 23rd	()	Dec. 30th	()

Extended Care- mornings 7:00- 8:45am () \$5.00 per day or 15 per week and
 afternoons 3:45 – 6:15pm () \$7.00 per day or 25 per week
 (may register later as need)

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Class and/or Day Camp Authorization

Having been informed of the activities to be conducted by Biron Gymnastics in the program(s) in which I am enrolling the named Participant(s), including but not limited to balance beam, parallel and uneven parallel bars, rings, vaulting, trampoline, tumbling, swimming, diving, and field trips, I, parent or guardian of the participant, give my approval for this (these) party's (parties) participation in any and all activities of the program. I am aware that any athletic activity involving height and motion, such as gymnastics, exercise, swimming, water sports, dance, and similar athletic programs involves a risk of accidental injury, despite all safety precautions. I have informed Biron Gymnastics, Inc., of all limitations on the activities in which my participant is permitted to engage as well as any physical or medical problems involving my participant. I assume all risks and hazards incidental to the program, including transportation to and from these activities. I further release from responsibility and agree to indemnify and hold harmless Biron Gymnastics, Inc., its owners, coaches, and employees from any illness or injury of the party(ies) occurred during the program

Biron Gymnastics reserves the right to limit any child to skills that can be safely performed according to his/her body weight, strength, and level of experience. Biron Gymnastics reserves the right to remove from class(es) or day camp any student whose conduct or actions are dangerous to himself or others involved in the program.

I have read and understand all of the above () YES

Parent or Legal Guardian _____ Date _____