

**Camp Lidlewunz  
2011  
DAY CAMP REGISTRATION 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 \_\_\_\_\_

1<sup>st</sup> Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Age as of June 1, 2011 \_\_\_\_\_  
 Medical conditions or special needs \_\_\_\_\_

**Tuition \$ 99.00 per week  
\$15.00 Registration Fee**

<b>Week 1</b>	<b>June 6-10</b>	( )
<b>Week 2</b>	<b>June 13-17</b>	( )
<b>Week 3</b>	<b>July 5-8 (*4day week)</b>	( )
<b>Week 4</b>	<b>July 11-15</b>	( )

2<sup>nd</sup> Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Age as of June 1, 2011 \_\_\_\_\_  
 Medical conditions or special needs \_\_\_\_\_

**Tuition \$ 99.00 per week**

<b>Week 1</b>	<b>June 6-10</b>	( )
<b>Week 2</b>	<b>June 13-17</b>	( )
<b>Week 3</b>	<b>July 5-8 (*4day week)</b>	( )
<b>Week 4</b>	<b>July 11-15</b>	( )

**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, 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, 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 \_\_\_\_\_