Students Name _____ M / F ____ Date Of Birth _____ School _____

Parent/Guardian for Registration _____

Street _____

City State Zip Hm Phone ( ) Wk ( )

Choose your dates carefully–there are no Refunds or Make Up opportunities with Camp

FreeState's 2016 Summer Fun Days Class & Camps		Select Weeks	Summer Tuition Calculation
□ **Gymnastics Class** once per week, **4:00 Tuesdays only**	**45 *min*** **60 *min*** **90 *min***	**$15** **$20** **$25**	□ **Week #1** June 20 - 24 □ **Week #2** June 27 - July 1 □ **Week #3** July 4 - 8 □ **Week #4** July 11 - 15 □ **Week #5** July 18 - 22 □ **Week #6** July 25 - 29 □ **Week #7** Aug 1 - 5 □ **Week #8** Aug 8 - 12 □ **Week #9** Aug 15 - 19	Fee/Week **$**
□ **Kindergym: M - F 9:00 - 12:30** *circle days attending* 1 Day M Tu W Th F 2 Days Mon/Wed or Tue/Thur 3 Days Mon/Wed/ Fri 5 Days Mon - Fri		**$ 42** for **1 day** **$ 78** for **2 days** **$115** for **3 days** **$190** per **week**		**x** # of wks
□ **Half Day Gymnastic Camp** **Mon - Fri 9:00 - 12:30**		**$ 190 per week**		
□ **Full Day Gymnastic Camp** **Mon - Fri 9:00 - 3:30**		**$340 per week**		Total **$**

Important Camp Registration Details

1. In addition to the Gym's registration/release form the State of Maryland requires a Health History form to be completed and kept at the gym for every camper. No one is allowed to participate without all the completed forms. So that we can provide the correct forms please (**circle**) your answer to the following question:

Is this camper registered in an accredited Maryland school, public or private?

Yes, registered in Maryland (needs only short health form) or

No (requires health form with immunization record)

2. Please help us provide a safe and enjoyable experience for all our campers. Children with special medical, physical, mental, social or behavioral needs require Camp Director's approval prior to registration. Camp tuition is non-refundable for students whose undeclared special needs cannot be met and who are excused from camp on discovery. Are there ANY such conditions or needs of which we should be aware before accepting your registration? _____

_____

_____

3. PAYMENT: Full payment and all required forms are required to complete registration.
Sorry, space cannot be reserved without payment and all forms.

Choose your dates carefully – there are no Refunds or Make - Up opportunities with Camp

Date _____ Ck # _____ *Or* (*circle)* V / MC/ AX/ Disc Exp ___/___ Security Code _/_/_/_

Card Holder Name _____

(Neatly Print Card Number in Boxes below)

Credit Card Payment also accepted in the gym office or over the phone during office hours.

Payment and all forms required to complete registration.

Before and After Care Available Upon Request!! Questions? *Office@FreeStateGymnastics.com*