

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	
<input type="checkbox"/> <b>Gymnastics Class</b>	<b>45 min</b>	<b>\$15</b>	<input type="checkbox"/> <b>Week #1</b> June 17 - 21		Fee/Week \$
once per week,	<b>60 min</b>	<b>\$20</b>	<input type="checkbox"/> <b>Week #2</b> June 24 - 28		
<b>4:00 Tuesdays only</b>	<b>90 min</b>	<b>\$25</b>	<input type="checkbox"/> <b>Week #3</b> July 1 - 5		x # of wks
<input type="checkbox"/> <b>Kindergym: M - F 9:00 - 12:30</b>			<input type="checkbox"/> <b>Week #4</b> July 8 - 12		
<i>circle days attending</i>			<input type="checkbox"/> <b>Week #5</b> July 15 - 19	Total \$	
1 Day M Tu W Th F	<b>\$ 42 for 1 day</b>		<input type="checkbox"/> <b>Week #6</b> July 22 - 26		
2 Days Mon/Wed or Tue/Thur	<b>\$ 78 for 2 days</b>		<input type="checkbox"/> <b>Week #7</b> July 29 - Aug 2		
3 Days Mon/Wed/ Fri	<b>\$115 for 3 days</b>		<input type="checkbox"/> <b>Week #8</b> Aug 5 - 9		
5 Days Mon - Fri	<b>\$190 per week</b>		<input type="checkbox"/> <b>Week #9</b> Aug 12- 16		
<input type="checkbox"/> <b>Half Day Gymnastic Camp</b>	<b>\$ 190 per week</b>		<input type="checkbox"/> <b>Week #10</b> Aug 19 - 23		
<b>Mon - Fri 9:00 - 12:30</b>					
<input type="checkbox"/> <b>Full Day Gymnastic Camp</b>	<b>\$360 per week</b>				
<b>Mon - Fri 9:00 - 3:30</b>					

***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)

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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](mailto:Office@FreeStateGymnastics.com)