

HOUSTON NORTH GYMNASTICS

11037 FM 1960 W., Suite D-1

Houston, Texas 77065

281-894-8400

2009 SUMMER CAMP

Child's First Name, Last Name	DOB M/D/Y	CURRENT AGE	ALLERGIES Y/N IF YES PLEASE EXPLAIN

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father \_\_\_\_\_ work phone \_\_\_\_\_ cell phone \_\_\_\_\_

Mother \_\_\_\_\_ work phone \_\_\_\_\_ cell phone \_\_\_\_\_

Please mark the Date Boxes below on weeks your child/children will attend!

June 8 <input type="checkbox"/>	July 13 <input type="checkbox"/>	August 10 <input type="checkbox"/>
June 15 <input type="checkbox"/>	July 20 <input type="checkbox"/>	August 17 <input type="checkbox"/>
June 22 <input type="checkbox"/>	July 27 <input type="checkbox"/>	August 24 <input type="checkbox"/>
June 29 <input type="checkbox"/>	August 3 <input type="checkbox"/>	

We require all campers to be signed in and out. Please provide names and signatures of any one that may bring or pick up your child.

Father \_\_\_\_\_

Mother \_\_\_\_\_

Other \_\_\_\_\_

**Permission to Participate**

Completion of this release form is required for a child to participate in gymnastics activities at Houston North Gymnastics. It must be signed and turned in to an HNG representative before the child may enter the gym. If you have any questions, please call 281-894-8400.

I am fully aware that any activity involving height and motion creates the possibility of injury, and I agree to hold Houston North Gymnastics and Tumbling Center and its staff harmless for any injury or resulting expense. I hereby release and discharge any and all rights against Houston North Gymnastics and Tumbling Center and its staff and representatives.

I, further, grant permission and encourage the coaches, staff and assistants of Houston North Gymnastics & Tumbling Center to seek or render any necessary first aid or medical treatment that may be required by my child due to injury or illness that occurs while training, performing, or participating in any activity at or associated with Houston North Gymnastics & Tumbling Center. I fully understand that the coaches, staff and assistants at Houston North Gymnastics & Tumbling Center are not physicians or medical practitioner of any sort.

I further acknowledge receipt of the summer camp guidelines and acknowledge that I have had the opportunity to ask questions about any information I did not understand.

A deposit fee of \$50.00 is required to reserve each week of camp. The deposit is non refundable unless Houston North Gymnastics finds it necessary to cancel the scheduled week of summer camp. In the event Houston North Gymnastics finds it

necessary to cancel the scheduled week of summer camp, due to the minimum of 10 campers not being registered, all deposits checks will be returned.

I have read and agree to all of the above terms and conditions.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

FAMILY REGISTERING :

NAMES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Of Children Registered \_\_\_\_\_

Deposit Fee due \$50      Payment Amount \_\_\_\_\_      Due date  
\_\_\_/\_\_\_/\_\_\_

Method of Payment : Cash Rct # \_\_\_\_\_ Check # \_\_\_\_\_ VISA/MC/DISC/AMEX

Registration total due \$ \_\_\_\_\_

Extended hours fee \$ \_\_\_\_\_

Cantina (Snacks) \$ \_\_\_\_\_

Camp Fees Due \$ \_\_\_\_\_

Method of Payment : Cash Rct # \_\_\_\_\_ Check # \_\_\_\_\_ VISA/MC/DISC/AMEX  
Amount \_\_\_\_\_      Date \_\_\_/\_\_\_/\_\_\_      Employee Initials \_\_\_\_\_      Date \_\_\_\_\_