

# GYMSTAR SUMMER gymnastics REGISTRATION

Complete the FORM below and return the form, with  
payment to: Gymstar, 3762 Shelburne Road, Suite 6, Shelburne, VT 05482

Phone: 985-8948 Email: [gymstarshelburne@gmail.com](mailto:gymstarshelburne@gmail.com)

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Name of child \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Parent: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Email: \_\_\_\_\_ -----

Class/Camp Title \_\_\_\_\_

Class/Camp Day \_\_\_\_\_

Class/Camp Time \_\_\_\_\_

Total Fee Enclosed \_\_\_\_\_

**\*\*If your child has any special health concern, please use the back  
of this form and check here / /. Thank You.**

My child is fit to participate in vigorous activities and I understand there are risks of physical  
injury inherent in participation in gymnastics and recreation activities. I hereby release  
Gymstar Gymnastics, Inc. and its employees for any liability for personal injuries.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name)