

# GYMSTAR SUMMER gymnastics REGISTRATION!



**Please complete the FORM below and return the form, with payment to:**

*Gymstar! 3762 Shelburne Road, Suite 9, Shelburne, VT 05482*

*Phone: 985-8948 Email: gymstarshelburne@gmail.com GymstarGymnastics.com*

Name of Child(ren): \_\_\_\_\_

Age(s): \_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Camp Week Session(s): \_\_\_\_\_

Payment Amount Enclosed: *(Please Check One)*

(  ) \$75 Deposit(s) OR (  ) \$210 Full Payment(s)

Health Concerns (allergies, etc..)?  
\_\_\_\_\_

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

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

Date \_\_\_\_\_

(Printed Name)

\_\_\_\_\_

