

MICHIGAN ACADEMY OF GYMNASTICS

EASTER CAMP

REGISTRATION FORM

For children ages 4 & up

Westland



Childs Name _____ Male () Female ()

Address _____ City _____

Zip _____ Phone # _____ Cell# _____

Birth date ____/____/____ Age _____

Are you currently taking classes with us? Yes () No () If yes, what level? _____

Special Medical Conditions _____

Insurance Company _____ Policy No _____

Please circle the Days you will be attending:

****TENTATIVE SCHEDULE****

1. Monday, April 5th-- BOWLING (VISION LANES)

2. Tuesday, April 6th – GLO GOLF

3. Wednesday, April 7th -- THE SUMMIT (INDOOR SWIMMING)

4. Thursday, April 8th --- SKATELAND (CAN BRING YOUR OWN ROLLER BLADES/ SKATES)

5. Friday, April 9th -- MOVIE & PIZZA

Camp time: 9:00am - 4:00pm (fun fun fun fun!)

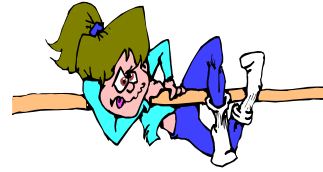
1 Day - \$35 or all 5 Days - \$160

*Second child 10% discount

(Rush Hour Supervision available (Extra \$5 an hour!))

(prepaid with registration). 8:00am. - 9:00am. + 4:00 pm. - 5:00pm.

*Minimum of children 6 needed to run the program



*Payment in full at time of registration.

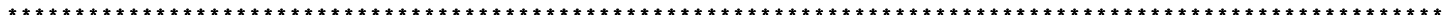
HOLD HARMLESS AGREEMENT

In consideration of your permitting my son/daughter to use your athletic facility and related facilities for any purpose whatsoever, I hereby covenant and agree with the Michigan Academy of Gymnastics, Inc., the owners, officers, agents, and employees, and all persons engaged as instructors or administrators in any program in which my son/daughter may be a participant, to indemnify and hold harmless each and every one of them from and against all claims, liability, loss, cost, damage and expense which may in any way arise out of or in connection with, the use by my son or daughter of such facilities, including without limitations all claims he or she or I might have for personal injury to him or her so arising.

Date _____ / _____ / _____ Parent or Guardian _____

Signature.

Do not write below this line:



Office use only:

Date received _____ / _____ / _____ Amount paid \$ _____ Check # _____

