**SUMMER CAMP REGISTRATION FORM 2022**

**Windsor Gymnastics**

**DEPOSIT: $50.00 (NON-REFUNDABLE – APPLIED TO CAMP TUITION)**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Age: \_\_\_\_\_\_\_\_\_\_\_**

**Health/Medications/Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Week of camp registering for: Beginners Camps: Ages 5 – 12 June 27- July 1 July 11- 15**

**July 18-22 July 25-29**

**August 1-5**

**Please Circle Half-day Full-day**

**Intermediate/Advanced Camp: Age 6 & up August 8 - 12 Full- Day only**

**DEADLINES FOR CAMPS: 2 WEEKS BEFORE CAMP BEGINS**

**Half-day: 9:00 – 12:00 $165.00 Bring a snack and bottle of water**

**Full-day: 9:00 – 3:00 $210.00 Bring snack and a Lunch and water**

**PARENT/GUARDIAN INFORMATION**

**First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance/Physician Information**

**Physician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Waiver**

**I fully understand that Windsor Gymnastics staff members are not physicians or medical practitioners. I hereby release the staff to render first aid to my child or children in the event of any injury or illness and give permission to contact the doctor if necessary. We the staff recognize our obligation to make our students and their parents aware of the risks associated with the sport of gymnastics. Students may suffer injuries, possibly minor, serious or catastrophic in nature. The Windsor Gymnastics staff will not accept responsibility for injuries sustained by any student participating in programs held at the center. I consent to have my child or children participate in the programs offered by Windsor Gymnastics and waive and release all rights and claims for damages that I or my child may have against WG or its representatives or volunteers. I also give permission to use any videos or photographs of the participant for publicity or promotional purposes.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please mail registration forms to: Windsor Gymnastics**

**PO Box 159**

**Windsor, VA 23487**