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2011 Summer Camp Sign Up Form

Camper information

Child 1 Name _____ Sex _____ Age _____ DOB _____
 Child 2 Name _____ Sex _____ Age _____ DOB _____
 Child 3 Name _____ Sex _____ Age _____ DOB _____
 Mom's Name _____ Cell Phone _____
 Dad's Name _____ Cell Phone _____
 Street _____ Home Phone _____
 City _____ State _____ Zip _____ Email Address _____
 Does your child have any medical conditions or allergies? _____
 Name of child's health insurance _____
 How did you learn about Indigo Gymnastics Center? _____

PLEASE CHECK YOUR DESIRED WEEKS FOR EACH CHILD

CHILD 1		am	pm	CHILD 2		am	pm	CHILD 3		am	pm
1	June 27-July 1			1	June 27-July 1			1	June 27-July 1		
2	July 11-15			2	July 11-15			2	July 11-15		
3	July 18-22			3	July 18-22			3	July 18-22		
4	August 1-5			4	August 1-5			4	August 1-5		
5	August 8-12			5	August 8-12			5	August 8-12		
6	August 15-19			6	August 15-19			6	August 15-19		
7	August 22-26			7	August 22-26			7	August 22-26		

PRICES: HALF-DAY (am or pm) \$150 MEMBERSHIP FEE (new members only) \$15 PER CHILD/\$20 PER FAMILY
\$50 DEPOSIT REQUIRED FOR EACH WEEK SIBLING OR MULTIPLE CLASS DISCOUNT(S):10%

Please note that there are no make-up classes for days missed during summer camp

AMOUNT DUE FOR CAMP(S) \$ _____
 MEMBERSHIP FEE (if applicable) \$ _____
 LESS DEPOSIT(S) : \$ _____
 TOTAL AMOUNT DUE \$ _____

SUMMER CAMP PARTICIPATION WAIVER

Assumption of Risk, Waiver of Liability, and Permission for Medical Treatment

As the parent and/or legal guardian of the above named, I hereby consent to my child's participation in the Indigo Gymnastics Center summer programs. I acknowledge, understand, and accept the risks associated with the sport of gymnastics and its related activities, including potentially severe injury, paralysis, and even death. I verify that my child is qualified to participate in such activity, is in good health and in proper physical condition. Should my child sustain injury, I hereby forever release Indigo Gymnastics Center and its owners, operators, staff, employees, and members from any and all claims, liability, damages, and demands. I certify that my child has health insurance, and in the event of an emergency, I authorize and grant Indigo Gymnastics Center and its staff to administer temporary first aid treatment and/or if necessary, transport my child to the hospital, and accept responsibility for all associated expenses. I represent that the above waiver is understood completely and is signed voluntarily.

Signature of Parent/Legal Guardian _____
 Printed name of Parent/Legal Guardian _____ Date: _____