

STARS GYMNASTICS

SUMMER BREAK DAY CAMP

June 7 - August 20, 2010

Girls & Boys-ages 3-12 years

Drop off between 7:30-9:00am

Full day & Half day Programs

Movies

Pick up by 12:30pm (AM Half day)

Bring lunch, 2 snacks & 2 drinks

Arts & Crafts

Pick up by 5:30pm (PM Half day)

Organized Sports & Games

Pick up by 5:30 pm (Full day)

Daily Gymnastics Instruction

Extended hours available (\$15 p/h)

\$200 –5 Full days

\$150–3 Full days

\$60–1 Full day

\$150–5 Half days

\$120–3 Half days

\$50–1 Half day

10% off 2nd Child

CIRCLE WEEKS, & PROGRAM

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

Week 7 Week 8 Week 9 Week 10 Week 11

Full Day Program

AM or PM Half Day Program

Pre-register before June 1, 2010 and receive a 5% discount !!!

CHILD'S NAME _____ AGE _____ DOB _____ MALE / FEMALE

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CHILD'S NAME _____ AGE _____ DOB _____ MALE / FEMALE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

Week 1--June 7-11

Week 2-June 14-18

Week 3-June 21-25

Week 4-June 28-July 2

Week 5-July 5-9

Week 6-July 12-16

Week 7-July 19-23

Week 8-July 26-30

Week 9-Aug. 2-6

Week 10-Aug. 9-13

Week 11-Aug. 16-20

REGISTRATION FEE REQUIRED

(Registration Fee includes a Stars Gymnastics T-Shirt)



10516-G Katy Freeway Houston, TX 77043
Phone: (713) 464-1996 Fax: (713) 464-2099



SEE REVERSE SIDE

PLEASE COMPLETE AND PRINT LEGIBLY

MOTHER'S EMPLOYER _____ PHONE _____

FATHER'S EMPLOYER _____ PHONE _____

PERSONS AUTHORIZED TO PICK-UP _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

CHILD'S DENTIST _____ PHONE _____

EMERGENCY HOSPITAL PREFERENCE _____

MEDICAL CONDITIONS _____ ALLERGIES _____

SPECIAL INSTRUCTIONS _____

I hereby authorize the staff of Stars Gymnastics Camp to act for me according to their best judgment in any emergency requiring medical attention & hereby waive & release the camp staff and Stars Gymnastics from any and all liability for any injuries and illness incurred while at the camp. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the camper's family. In lieu of medical certificate signed by a medical doctor, I have not knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program. I also understand the Camp retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

SIGNATURE _____ DATE _____