



STARS GYMNASTICS



SUMMER BREAK STAR DAZE

Girls & Boys-ages 3-12 years
Gymnastics Instruction

Organized Sports & Games
Themed activities

Ask about Pre-registration discounts !!!!

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 _____

Animal Kingdom

Super Heroes

Under the Sea

Space is the Place to Be

Themes for Star Daze

Flower Power

USA

Tumble Bugs

Sports Extravaganza

Wacky Week

Circus Time

Hawaiian Hullabaloo

Pirates and Princesses



REGISTRATION FEE and DEPOSIT 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 _____

(photo ID required)

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 to act for me according to their best judgment in any emergency requiring medical attention & hereby waive & release the staff and Stars Gymnastics from any and all liability for any injuries and illness incurred while at the facility. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. The gym is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participants 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 above named child's participation in the camp program. I also understand Stars Gymnastics 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 _____