



**Family Information**

**2010 Montco-Sports Skill Camps**

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

110 Christopher Lane  
Harleysville, PA 19438  
Phone: 215-261-2006  
Email: info@montcogym.com

(\_\_\_\_) \_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Parent/Guardian Information**

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Occupation/Employer

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Occupation/Employer

**Emergency Information**

Who should we call  
if parents cannot be reached: \_\_\_\_\_

Name

Relationship to Camper

(\_\_\_\_) \_\_\_\_\_  
Phone #

**Camper Information** (please print)

Write in your requested camp next to appropriate week.  
9:00-12:00      6:00-9:00

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

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

July 6 – 8 \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth      \_\_\_\_\_ Male      \_\_\_\_\_ Female

July 12 – 15 \_\_\_\_\_

\_\_\_\_ Grade (Sept '10) \_\_\_\_\_ School

July 19 – 22 \_\_\_\_\_

Any conditions requiring our special attention?  
\_\_\_\_\_  
\_\_\_\_\_

July 26 – 29 \_\_\_\_\_

Aug 2 – 5 \_\_\_\_\_

Aug 9 – 12 \_\_\_\_\_

I understand there are physical risks associate with gymnastics and sports activities involved in Montgomery County Gymnastics & Cheer Center, LLC - Sports Camps. I also understand that any pictures taken of my child, during camp activities may be used for advertisements, publications and on our web-site.

Aug 16 – 19 \_\_\_\_\_

Aug 23 – 26 \_\_\_\_\_

Ag 30 – Sp2 \_\_\_\_\_

**Deposit, \$25 per week, per child, due with application. Tuition balance is due by July 1<sup>st</sup>. All deposits are non-refundable.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

