



# Summer Camp

"We're more than a Team, We're a Family."

508-222-7216  
 www.olearysgym.com  
 olearys.gymnastics@aol.com

(Rt. 123) 350 Old Colony Rd,  
 Norton, MA 02766

Student's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ F \_\_\_ M \_\_\_

Parent's Name \_\_\_\_\_ / \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_/\_\_\_\_ E-MAIL Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact:** *If in the event of an emergency, Parents will be notified first. If unable to locate you, please list an additional contact.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_/\_\_\_\_

Are there any Medical Conditions to which we should be alerted? If yes, are there any medication your child will be needing during camp? \_\_\_\_\_

**WAIVER AND RELEASE:**

In consideration of the permission granted to my child \_\_\_\_\_ or ward to participate at the O'Leary's Gymnastics Center, Inc. I hereby release and hold harmless the O'Leary's Gymnastics Center, Inc., its employees, instructors, or agents, directors and officers from any and all claims, demands, liability, harm, injury or damage, which may result to my child or ward while attending this school and including all risk connected therewith.

I fully understand that my child or ward assumes all the risk in connection with participating in the activities of this school. I understand that any activity, which involves motion, rotation, height, or inversion, may cause serious accidental injury or possibly death. I authorize O'Leary's Gymnastics Center to seek medical treatment at the nearest Medical Facility in case of emergency. I the undersigned have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance.

I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in O'Leary's Gymnastics Center, Inc activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote O'Leary's Gymnastics Center, Inc programs, and/or recognition of participants.

Current E-mail address must be on file in the office to receive payment reminders and up-to-date information about our programs, emergency closings and other important updates.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Weekly			Daily			Extended			Daily
am	9 - 12	\$135	am	9 - 12	\$30	<u>Early Drop Off 7:30am</u>			\$5
pm	12:30 - 3:30	\$135	pm	12:30 - 3:30	\$30	<u>Late Pick Up: 5:30pm</u>			\$10
fd	9 - 3:30	\$250	fd	9 - 3:30	\$55	<b>Current Health Form required by 6/20/17!</b>			

#	Week	Weekly			Daily												Extended		Total
		Mo - Fri			Mo	Tue	Wed	Thu	Fri	am	pm								
		am	pm	fd	am	pm	fd	am	pm			fd	am	pm	fd				
1	7/3 - 7/7																		
2	7/10 - 7/14																		
3	7/17 - 7/21																		
4	7/24 - 7/28																		
5	7/31 - 8/4																		
6	8/7 - 8/11																		
7	8/14 - 8/18																		
8	8/21 - 8/25																		

**10% Sibling Discount** will be applied to the lesser tuition. **Registration Fee** \$35 per child /\$60 per family (waived for current members)

Discount: \_\_\_\_\_ Registration Fee: \$35 / \$60 Payment Method: \_\_\_\_\_ Date: \_\_\_\_\_ TOTAL COST: \_\_\_\_\_