



December Vacation Camp

12/27 - 12/29

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

Single Half Day	Single Full Day	3 Days of Half Days	3 Days of Full Days
9-12 or 12:30-3:30	9-3:30	9-12 or 12:30-3:30	9-3:30
\$30	\$55	\$80	\$150

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

Our Gymnastics December Vacation CAMP is being held for 3 days during December Vacation Week! Please note that there are **NO Gymnastics Classes during that week.**

Sign up Today! Space is Limited! Pre-registration required by 12/16/17*

**To ensure proper staff scheduling, we will NOT be able to take signs up AFTER this date.*

Day	Attendance (Check One)	Total Cost
Wednesday 12/27	Full Day (9:00-3:30) \$55 <input type="checkbox"/> AM Half Day (9:00-12:00) \$30 <input type="checkbox"/> PM Half Day (12:30-3:30) \$30 <input type="checkbox"/>	\$ _____
Thursday 12/28	Full Day (9:00-3:30) \$55 <input type="checkbox"/> AM Half Day (9:00-12:00) \$30 <input type="checkbox"/> PM Half Day (12:30-3:30) \$30 <input type="checkbox"/>	\$ _____
Friday 12/29	Full Day (9:00-3:30) \$55 <input type="checkbox"/> AM Half Day (9:00-12:00) \$30 <input type="checkbox"/> PM Half Day (12:30-3:30) \$30 <input type="checkbox"/>	\$ _____
Wednesday - Friday / 3 days a Week: Full Day (9:00-3:30) \$150 <input type="checkbox"/> AM Half Day (9:00-12:00) \$80 <input type="checkbox"/> PM Half Day (12:30-3:30) \$80 <input type="checkbox"/>		

Notes: _____ **TOTAL COST:** _____

Student's Name _____ DOB ____/____/____ Age ____

Parent's Name _____ / _____

Home Phone # (____) _____ / _____ Cell Phone # (____) _____ / _____

Street _____

City _____ State _____ Zip _____

E-MAIL Address _____

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 _____

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 ____/____/____