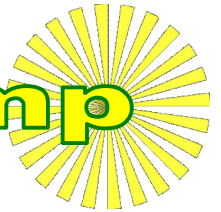




Summer Camp

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



508-222-7216
 olearys.gymnastics@aol.com
 www.olearysgym.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 \$135	Daily Mornings - \$30/day					Extended Morning - \$5/day					Total
		Mo-Fri	Mo	Tue	Wed	Thu	Fri	Mo	Tue	Wed	Thu	
# Week	9:00-12:00	9:00-12:00	9:00-12:00	9:00-12:00	9:00-12:00	9:00-12:00	7:30-9:00	7:30-9:00	7:30-9:00	7:30-9:00	7:30-9:00	
1 6/25-6/29												
7/2 - 7/6	O'Leary's Summer Break - We Are Closed This Week											
2 7/9 - 7/13												
3 7/16 - 7/20												
4 7/23 - 7/27												
5 7/30 - 8/3												
6 8/6 - 8/10												
7 8/13 - 8/17												
8 8/20 - 8/24												

10% Sibling Discount will be applied to the lesser tuition. **Current Health Form Must Be Presented 1st Day Of Camp.**

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