

# Registration for Summer Programs/Classes/Camps



Complete the FORM below and return with the \$30 registration fee to :

Gymstar Gymnastics,  
3762 Shelburne Road, Suite 6,  
Shelburne, VT 05482  
Phone: 985-8948

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Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Father: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Email: \_\_\_\_\_

Class/Camp Title \_\_\_\_\_

Class/Camp Day \_\_\_\_\_

Class/Camp Time \_\_\_\_\_

Total Fee Enclosed \_\_\_\_\_

**\*\*If your child has any special health concern, please use the back of this form and check here / /. Thank You.**

My child is fit to participate in vigorous activities and I understand there are risks of physical injury inherent in participation in gymnastics and recreation activities. I hereby release Gymstar Gymnastics, Inc. and its employees for any liability for personal injuries.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name)