

✓ Check sessions you wish to attend:  SILVER SPRING  BOWIE

full day: 8:30am – 4:30pm / half day: 9:00am – 12:00pm



	full-day \$260	half-day \$195	Week of:	full-day \$260	half-day \$195
June 15 – 19			July 27 – 31		
June 22 – 26			Aug. 3 – 7		
June 29 – July 3			Aug. 10 – 14		
July 6 – 10			Aug. 17 – 21		
July 13 – 17			Aug. 24 – 28		
July 20 – 24			Aug. 31 – Sept. 4		

Extended AM (8am – 8:30am) \_\_\_\_\_ \$25/Week. Extended PM (4:30pm – 6pm) \_\_\_\_\_ \$50/Week

**IMPORTANT: 1.** Children **MUST** be potty trained to attend camp. **2.** State Law requires children to be 3½ to attend camp.

Student Information

Student's name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's name \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

Parent's name \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

Emergency Contact/Phone # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

Does your child have any developmental or behavioral limitations, allergies, injuries or diagnosed illnesses? \_\_\_\_\_

Explain \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Parent's Signature & Liability Waiver must be signed before your child participates in any gym activities

**Release agreement:** I understand that any athletic activity is inherently dangerous. The above named student has had a medical examination within the last twelve months and is capable of participating in gymnastics. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize Silver Spring Gymnastics & Fitness Club, Inc., Silver Stars Gymnastics Rockville, Inc. and Silver Stars Gymnastics, Inc. to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at Silver Spring Gymnastics & Fitness Club, Inc., Silver Stars Gymnastics Rockville, Inc. and Silver Stars Gymnastics, Inc.

**BY SIGNING THIS RELEASE, I UNDERSTAND THE POLICIES AND LIABILITIES THAT MAY OCCUR IN SPORTS ACTIVITIES. I UNDERSTAND THERE ARE NO REFUNDS OR CREDITS GIVEN. THERE IS A \$25.00 CHARGE FOR ANY RETURNED CHECKS.**

*Photograph Release: I agree to allow my child's likeness to be used on the website and in promotional materials for Silver Spring Gymnastics & Fitness Club, Inc., Silver Stars Gymnastics Rockville, Inc. and Silver Stars Gymnastics, Inc.*

Date \_\_\_\_\_ Signature (parent or guardian) \_\_\_\_\_

Payment Information

Class Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check number \_\_\_\_\_

Visa/MasterCard/AMEX Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

3 digit CIN \_\_\_\_\_ Name of Card Holder \_\_\_\_\_  
(found on back of card)

Signature \_\_\_\_\_

I, \_\_\_\_\_  
 Authorize Silver Spring Gymnastics & Fitness Club, Inc. to charge the amount above to my credit card.  
**There are no refunds or credits.**  
*Payment Policies — On line registration requires full payment. Registration by mail, fax or in person requires a 50% deposit. All balances must be paid by June 1, 2008. If you register after June 1, 2008 you are required to pay in full at the time you register. We have a strict NO REFUND policy and you may not transfer monies to the fall session. REMEMBER, you are paying for your child's spot in camp – not his/her attendance.*

For Office Use Only

Date \_\_\_\_\_

Amount \_\_\_\_\_

Ref # \_\_\_\_\_

Check # \_\_\_\_\_

Charged by \_\_\_\_\_

Entered/Date \_\_\_\_\_

Initials \_\_\_\_\_

www.gosilverstars.com

**Silver Spring Gymnastics & Fitness Club, Inc.**  
 2701 Pittman Drive, Silver Spring MD 20910 • 301-589-0938 • fax 301-589-1717  
 14201 Woodcliff Ct., Bowie, MD 20720 • 301-352-5777 • fax 301-352-8414