

# Spring Break Camp - Bowie Sign up online

✓ Check dates you wish to attend

APRIL	6th	7th	8th	9th	10th
FULL DAY					
HALF DAY					
EXTENDED AM					
EXTENDED PM					

- ★ Full day (8:30am – 4:30pm) – \$50 per day
- ★ Half day (9am–12noon) – \$30 per day
- ★ Extended AM (7–8:30 am) – \$10 per day
- ★ Extended PM (4:30–6pm) – \$10 per day
- ★ Limited spaces available Ages 3½–15
- ★ MUST be potty trained.



## Student Information

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

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., 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. 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. 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.**

**www.gosilverstars.com**

Silver Stars Gymnastics, Inc.  
 14201 Woodcliff Court, Bowie, Maryland 20720 • 301-352-5777 • fax 301-589-1717

### For Office Use Only

Date \_\_\_\_\_

Amount \_\_\_\_\_

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

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

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

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

Initials \_\_\_\_\_