



Sign up  
online!

# Summer Camp

## Summer Camp 2020 – Bowie

Select Your Session: Full Day \$335 (8:30am-4:30pm) Half Day \$265 (8:30-11:30am)

June 15-19	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	July 27-31	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
June 22-26	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	August 3-7	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
June 29 - July 3	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	August 10-14	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
July 6-10	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	August 17-21	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
July 13-17	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	August 24-28	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
July 20-24	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	August 31 - Sept 4	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day

**IMPORTANT: MARYLAND STATE LAW REQUIRES CAMPERS TO BE 3-1/2 YEARS OLD & POTTY TRAINED TO ATTEND.**

Extended Mornings (8-8:30am)  \$25/week

Pre-order lunch (per week): Pizza

Extended Afternoons (4:30-6pm)  \$75/week

\$17.50 for 1 slice & drink

\$27.50 for 2 slices & drink

Student's Name	Age	DOB (mm/dd/yy)	Sex (m/f)	Last tetanus shot date (mm/yy)	Name of School (MD, other)
Student's Name	Age	DOB (mm/dd/yy)	Sex (m/f)	Last tetanus shot date (mm/yy)	Name of School (MD, other)
Home Address					Home Phone
City				State	Zip
Primary Contact Name	Email		Cell #	Work #	
Secondary Contact Name	Email		Cell #	Work #	
Family Physician	Physician Phone	Emergency Contact Name		Phone	
Insurance Provider				Group #	
Does your child have any developmental or behavioral limitations, allergies, injuries or diagnosed illnesses?					
How did you find out about SSG? (Bethesda Magazine, Families Magazine, Washington Parent, Your Health, other)					

## 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.**

*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) \_\_\_\_\_

Camp Amount \$ \_\_\_\_\_

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

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

\_\_\_\_\_  
 Signature of Card Holder

**Payment Policies** — Register on line to guarantee your child's spot in camp. You must pay in full at the time you register. We have a strict NO REFUND policy and you may not transfer monies to classes. You may change weeks of camp if space is available, however, there is a \$50 change fee per week. Remember, a camp week is only guaranteed when registration and payment is made. You are paying for your child's spot in camp, not his/her attendance.

I, \_\_\_\_\_ authorize Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc. to charge the amount above to my credit card. I understand there are no refunds or credits.

### Return to Silver Stars Gymnastics

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

### For Office Use Only

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

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

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