



GIRL ON FIRE
2017 - COMPETITIVE TRAINING CAMP
 Capitol City Gymnastics - Groveport, Ohio
JULY 10-14

3518 Rohr Rd. Groveport, Ohio 43215 (614) 409-7655

22ND ANNUAL WOMEN'S TEAM CAMP REGISTRATION FORM

Full Day Camper - \$325

Half Day Camper *- \$225 (lunch/sleepover)

Camp is limited to the first 75 registered athletes. A NON-REFUNDABLE deposit of \$50 is due upon registration. A \$25 discount will be applied if registered by 5/31/17. Full day camp: 9-4 M-Th. and 9-noon Friday. Half day camp: 9-1 M-Th and 9-noon Friday. Evening camp activity and overnigher begin Thursday at 4pm.

* Half day camp from 9-1 is available to gymnasts 6 and under. Lunch, activities and sleepover included. Extended hours available (early drop off or late pick up)

CAMPER NAME _____

CAMPER AGE _____ DATE OF BIRTH _____ OUT OF TOWN CAMPER/HOST FAMILY REQUESTED

PARENT OR LEGAL GUARDIAN _____ PARENT/GUARDIAN DAYTIME PHONE _____

ADDRESS _____

EMERGENCY CONTACT AND PHONE _____

HOME GYMNASTICS CLUB AND COACHES NAME _____

COACH PHONE# _____ LEVEL COMPETED 2016/2017 SEASON _____

CAMP ADD ON'S

\$25 - Extended Day
 8:30-5:00 M-TH, 8:30 – 1 FRI



LEOTARD & WATER BOTTLE INCLUDED IN CAMP PRICE

Please CIRCLE a Leo size below.

- CH-XS CH-S CH-M CH-I CH-L
 CH-XL A-XS A-S A-M A-L
 A-XL

Activity Release Form: I understand the inherent risk involved with gymnastics and give my consent for my child to train at the Capitol City Gymnastics competitive camp. Participation may include an offsite outing (swimming, movies, mini golf, bowling, etc.); activities may be determined the week of camp. I hereby consent and grant authority to the staff at Capitol City Gymnastics to make any medical judgement concerning medical attention in the event of an emergency or accident during my absence. Understanding the possibility of any athletic or physical endeavors, I hold Capitol City Gymnastics and its staff harmless for any and all injuries arising out of all gymnastics and camp activities.

PARENT SIGNATURE _____ DATE _____

OFFICE USE ONLY

Total Due \$ _____ \$50 Deposit Rcvd: Date ___/___/2017 Check # _____ Cash Rcpt # _____ CC Trans # _____
 \$ _____ Balance Rcvd: Date ___/___/2017 Check # _____ Cash Rcpt # _____ CC Trans # _____

*****Please Note: There is a \$5.00 Processing Fee for all Credit Card Payments*****

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