



4 Keith Way
 Hingham, MA 02043
 (781) 740-8748

www.massgymnastics.com
office@massgymnastics.com
 Central Office 866 562-FLIP
 3547

2017 Summer Camp Registration Form

Hingham

Gymnast's Name _____ D.O.B. ____/____/____ Sex M F

Parent/Guardian Name _____ T-Shirt size _____

Address _____

City : _____ State _____ Zip _____

Email Address _____

Home Phone (____) _____ Cell Phone (____) _____

Please list any allergies or medical conditions that we should be aware of: _____

Instructions: Circle the program/ programs that you wish to register

MULTI WEEK DISCOUNT: Full Day - \$10 Sliding discount each add. wk Example \$295,\$285,\$275,\$265 etc...

Half Day - \$5 Sliding discount each add. wk Example \$185,\$180,\$175 etc...

Multi Week Discount Valid for registrations received by May 1, 2017

You will receive a confirmation email with detailed information and additional required forms by June 1st

Week	Dates	Full Day	Extended Day	½ Day Camp M-F	Themes
		9:30-3:30	3:30-5:30	9:30-12:00	
		\$295	\$50	\$185	
1	June 26 - June 30	M-F	M-F	M-F	Summer Fiesta
2	July 5- July 7 (CLOSED JULY 3& 4)	W-F \$260	W-F \$40	W-F \$155	Party in the USA
3	July 10- July 14	M-F	M-F	M-F	Color Wars
4	July 17- July 21	M-F	M-F	M-F	MGC Ninja Warrior
5	July 24-July 28	M-F	M-F	M-F	Under the Sea
6	July 31 - Aug 4	M-F	M-F	M-F	Disney Favorites
7	Aug 7- Aug 11	M-F	M-F	M-F	Greatest Hits
8	Aug 14- Aug 18	M-F	M-F	M-F	Super Hero Week

Total weeks _____ X \$ 50.00/wk Deposit = \$ _____

Credit Card V MC Card # _____ Ex Date ____/____



4 Keith Way
 Hingham, MA 02043
 (781) 740-8748

www.massgymnastics.com
office@massgymnastics.com
 Central Office 866 562-FLIP
 3547

2017 Pre-school Camp Registration Form Ages 3-4 Hingham

Gymnast's Name _____ D.O.B. ____/____/____ Sex M F

Parent/Guardian Name _____ T-Shirt size _____

Address _____

City : _____ State _____ Zip _____

Email Address _____

Home Phone (____) _____ Cell Phone (____) _____

Please list any allergies or medical conditions that we should be aware of: _____

Instructions: Circle the program/ programs that you wish to register for.

Week	Dates	Preschool ½ Day Camp (age 3-4)			Themes
		M-TH			
		9:00-11:30			
		\$75	\$75	\$140	
1	June 26 –June 30				
2	July 5- July 6 <i>(CLOSED JULY 4th)</i>				
3	July 10 - July 13				
4	July 17 - July 20				
5	July 24–July 27	M/W	T/TH	M-TH	Under the Sea
6	July 31 - Aug 3	M/W	T/TH	M-TH	Disney Favorites
7	Aug 7 - Aug 10				
8	Aug 14 - Aug 17	M/W	TTH	M-TH	Super Hero Week
9	Aug 21- Aug 24				

MULTI WEEK DISCOUNT: Full Week ½ Day - \$5 Sliding discount each additional week: Example \$140,\$135,\$130 etc. Multi week discount valid for full week registrations received by May 1, 2017.

You will receive a confirmation email with detailed information and additional required forms by June 1st.

Total weeks _____ X \$ 50.00/wk Deposit = \$ _____

Credit Card V MC Card # _____ Ex Date ____/____



4 Keith Way
 Hingham, MA 02043
 (781) 740-8748
www.massgymnastics.com
office@massgymnastics.com
 Central Office 866 562-FLIP
 3547

2017 Summer Class Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
LITTLE STARS PRESCHOOL PROGRAM AGES 12mo-4yrs (45 and 50 minutes)						
Little Dippers Ages 18 mo – 3.5 yrs old – 45min		5:00PM				
Shining Stars Ages 3 – 4 – 45min	9:00 AM	4:00 PM				
GIRLS AGES 5+ (1 Hr, 1.5 Hr, and 2 Hour Classes)						
Beginner				4:00 PM		
Intermediate 1				5:00 PM		
Int 2 / Adv (1.5 hours)			4:00 PM			
High School Prep (1.5 hr)			5:30 PM			
TUMBLING						
Ages 12+ (1 hour)				7:00 PM		

SESSION DATES		PRICES	
Summer Session	Dates Summer 2017	Program	8 Week Session
		Gymnastics	
Summer Gymnastics	June 26 – Aug 18 (8 wks)	Preschool (45 min)	\$130.00
		Preschool (50 min)	\$135.00
		1 Hour Class	\$170.00
		1.5 Hour Class	\$225.00
		1 Hour Tumbling	\$155.00

- Sibling Discount - 10% 2nd lower cost sibling.
- Up to 2 make-ups. All make-ups must be made within the summer session



2017 SUMMER CLASS APPLICATION

Waltham
 Westboro
 Sudbury
 Leominster
 Hingham
 Pembroke

108 Clematis Ave 74 Otis St 31 Union Ave 300 Hamilton St 4 Keith Way 300 Oak St
 (781)893-2009 (508)870-0253 (978)443-2171 (978) 466-1272 (781)7408748 (781)826-1550

SUMMER CLASS SESSION DATES JUNE 26th – AUGUST 18st

STUDENT INFORMATION

1. Gymnast's Name _____ Sex M F Birthdate ____/____/____

2. Gymnast's Name _____ Sex M F Birthdate ____/____/____

3. Gymnast's Name _____ Sex M F Birthdate ____/____/____

ADDRESS INFORMATION

TOTAL DUE \$ _____

Parent/Guardian Name _____ Home Phone (____) _____

Address _____ Cell Phone (____) _____

City: _____ State _____ ZIP _____ E-mail _____

Gymnast's Name	Class	Day	Time	Session Price	Deposit	Balance Due

Payment Information:

Deposit: \$30.00 / Class due with registration. Balance due first week of class.

Total # of Classes _____ X \$ 30.00 Total Deposit = \$ _____

Credit Card V MC Card # _____ Ex Date _____

Check / Cash Ck # _____

Medical Conditions:

Please list any medical conditions or allergies we should be aware of: _____

Permission to participate and Indemnity:

I, _____, parent/legal guardian of _____, and _____, give permission for said son's/daughter's participation at Massachusetts Gymnastics Center, LLC. I understand that gymnastics is a sport that involves height, rotation, and other movements of the body, therefore, there are inherent risks involved. I attest to my son's/daughter's sound health of mind and body and I authorize Massachusetts Gymnastics Center to seek medical treatment at the nearest medical facility in case of emergency. Every effort will be made to promptly notify parent/legal guardian of such emergency. I agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, managers, members, and employees against any loss arising out of or relating to any injury to any member of my family, including any of my minor children. I also agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, managers, members, and employees against any loss arising out of or relating to the use by me or any member of my family, including any of my minor child of Massachusetts Gymnastics Center, LLC. facilities, or arising out of or relating to my participation with Massachusetts Gymnastics Center, LLC., or with my child's use of the Massachusetts Gymnastics Center, LLC. facilities.

Parent/Legal Guardian Signature _____ Date _____

Photo/Video Consent and General Release Form

I hereby authorize Massachusetts Gymnastics Center, LLC to use pictures of me (or my child/ward) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words) in its own promotional materials. It is also my understanding that I will receive no compensation for my likeness or testimonial.

Parent/Legal Guardian Signature: _____ Date: _____