



108 Clematis Avenue  
 Waltham, MA 02453  
 (781) 893-2009  
[www.massgymnastics.com](http://www.massgymnastics.com)  
[office@massgymnastics.com](mailto:office@massgymnastics.com)  
 Central Office 866 562-FLIP  
 3547

## 2017 Summer Camp Registration Form Waltham

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 \$335,\$325,\$315,\$305 etc...**

**Half Day - \$5 Sliding discount each add. wk Example \$195,\$190,\$185 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
		<b>9:30-3:30</b>	<b>3:30-5:30</b>	<b>9:30-12:00</b>	
		<b>\$335</b>	<b>\$50</b>	<b>\$195</b>	
1	June 26 - June 30	M-F	M-F	M-F	HAWAIIAN LUAU
2	July 5- July 7 <i>(CLOSED JULY 3&amp; 4)</i>	W-F \$205	W-F \$30	W-F \$120	PARTY IN THE USA
3	July 10- July 14	M-F	M-F	M-F	TOTALLY 80'S
4	July 17- July 21	M-F	M-F	M-F	MYSTERY AT MGC
5	July 24- July 28	M-F	M-F	M-F	PIRATE PARTY
6	July 31 - Aug 4	M-F	M-F	M-F	CIRCUS WEEK
7	Aug 7- Aug 11	M-F	M-F	M-F	NEWSPAPER FASHION
8	Aug 14- Aug 18	M-F	M-F	M-F	MGC'S GOT TALENT
9	Aug 21- Aug 25	M-F	M-F	M-F	MGC NINJA WARRIOR

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

Credit Card  V  MC Card # \_\_\_\_\_ Ex Date \_\_\_\_/\_\_\_\_



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## 2017 Pre-school Camp Registration Form Waltham

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 Week ½ Day - \$5 Sliding discount each add. wk Example \$140,\$135,\$130 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 1<sup>st</sup>**

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

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

Credit Card V MC Card # \_\_\_\_\_ Ex Date \_\_\_\_/\_\_\_\_



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## 2017 Summer Class Schedule July 5, 2017 – Aug 17, 2017

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>LITTLE STARS PRESCHOOL PROGRAM AGES 12mo-4yrs (30,45 and 50 minutes)</b>						
Shining Stars Ages 3 and 4 – 45min	9:00 AM	9:00 AM	9:00 AM			
<b>GIRLS AGES 5+ ( 1 Hr, 1.5 Hr, and 2 Hour Classes)</b>						
Beginner 1			4:30 PM	3:30 PM		
Beginner 2			4:30 PM	3:30 PM		
Intermediate 1			3:30 PM	4:30 PM		
Intermediate 2 / Adv (1.5hr)			3:30 PM			
<b>BOYS AGES 6+</b>						
Boys				4:30 PM		
<b>TUMBLING</b>						
	3:30 PM					

SESSION DATES		PRICES	
Summer Session	Dates Summer 2017	Program	7 Week Session
		Gymnastics	
Summer Gymnastics	July 5 – Aug 17 (7 week session)	Preschool (45 min)	\$120.00
		1 Hour Class	\$140.00
		1.5 Hour Class	\$196.00
		1 Hour Tumbling	\$135.00

- **SUMMER SPECIAL** – Same Child 2 classes / Take the second class at ½ price
- Sibling Discount - 10% off lower cost sibling.
- Up to 2 make-ups. All make-ups must be made within the summer session



## 2016 SUMMER CLASS APPLICATION

**SUMMER CLASS SESSION DATES JULY 5th – AUGUST 19th**

**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

**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 # \_\_\_\_\_

Over to complete registration

**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: \_\_\_\_\_