



74 Otis St
 Westboro, MA 01581
 (508) 870-0253
www.massgymnastics.com
office@massgymnastics.com
 Central Office 866 562-FLIP
 3547

2017 Summer Camp Registration Form Ages 5-12 Westboro

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	Full Day	Extended Day	½ Day Camp M-F	Themes
		9:30-3:30	3:30-5:30	9:30-12:00	
		\$335	\$50	\$195	
1	June 26 - June 30	M-F	M-F	M-F	Decades
2	July 5- July 7 (CLOSED JULY 3& 4)	W-F \$205	W-F \$40	W-F \$120	Stars and Stripes
3	July 10- July 14	M-F	M-F	M-F	MGC Ninja Warrior (field trip to Ultimate obstacles)
4	July 17- July 21	M-F	M-F	M-F	Rockstar
5	July 24- July 28	M-F	M-F	M-F	Animal Adventures (field trip to Southwick's Zoo)
6	July 31 - Aug 4	M-F	M-F	M-F	Circus
7	Aug 7- Aug 11	M-F	M-F	M-F	Science and Discovery (field trip to Ecotarium)
8	Aug 14- Aug 18	M-F	M-F	M-F	Waterpalooza
9	Aug 21- Aug 25	M-F	M-F	M-F	Sports

MULTI WEEK DISCOUNT: Full Day - \$10 Sliding discount each additional week; i.e. \$335, \$325, \$315, \$305 etc.
 Half Day - \$5 Sliding discount each additional week; i.e. \$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.

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

Credit Card MC Card # _____ Ex Date ____/____



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2017 Pre-school Camp Registration Form Ages 3-5 Westboro

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 3-5) M-TH		
		8:30-11:00		
		\$75	\$75	\$140
1	June 26 –June 30			
2	July 5- July 6 (CLOSED JULY 4 TH)			
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			

MULTI WEEK DISCOUNT: Full Week ½ Day - \$5 Sliding discount each additional week: 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 1st.

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

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



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2017 Summer Class Schedule WESTBORO

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
LITTLE STARS PRESCHOOL PROGRAM AGES 12mo-4yrs (45 and 50 minutes)						
Little Dippers Ages 1.5 -3.5 – 45min		8:30 AM				
Shining Stars Ages 3 – 4 – 45min	8:30 AM			8:30 AM		
Shooting Stars Ages 4+ – 50 min			8:30 AM			
GIRLS AGES 5+ (1 Hr, 1.5 Hr, and 2 Hour Classes)						
Beginner 1			3:30 PM	3:30 PM 5:30 PM		
Beginner 2			3:30 PM	3:30 PM 4:30 PM		
Intermediate 1			4:30 PM			
Int. 2 / Adv. (1.5 hours)			5:30 PM			
BOYS AGES 6+						
Boys			4:30 PM	5:30 PM		
TUMBLING						
Ages 5+ (1 hour)				4:30 PM		

SESSION DATES	
Summer Session	Dates Summer 2017
Summer Gymnastics	June 26 – Aug 18 (8 wks)

PRICES	
Program	8 Week Session
Gymnastics	
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

- **SUMMER SPECIAL – Same Child 2 classes / Take the second class at 1/2 price**
- Sibling Discount - 10% 2nd lower cost sibling.
- 1 make up class allowed, to be scheduled the week of Aug 21 (during your regularly scheduled time)
- Monday/Tuesday classes are only 7 weeks, prices are adjusted



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: _____