



# Summer Break Day Camp Registration Form

IGM Gymnastics • 14305 Southcross Drive W. Suite 120 • Burnsville, MN 55306  
igm@igmgymnastics.com • www.igmgymnastics.com

**Child(ren)'s Last Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Child #1: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Child #2: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Child #3: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Gender: M F DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Email Address: (Required)** \_\_\_\_\_

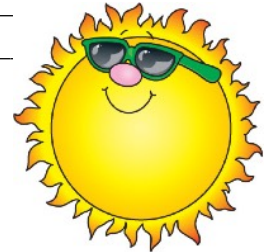
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about IGM?: \_\_\_\_\_



Summer Camp is offered every week beginning the week of June 13th through the week of August 28th, excluding the week of July 3rd.

**Full Week:**  Full Day Camp (8:30am - 4:00pm)  AM Camp  PM Camp (8:30am - 12:00pm or 12:30pm - 4:00pm)

**By the day:**  Mon  Tues  Wed  Thur  Fri  ALL DAY  AM  PM

**Early Drop off/Late Pick Up:**  Mon  Tues  Wed  Thur  Fri  AM  PM

**Week(s) of:** \_\_\_\_\_

**Note: Lunch will not be provided, please bring bag lunch daily.**

**\* Please Note:** IGM provides a snack in the morning and afternoon. We do our best to make sure the snacks are nut free. If your child has food allergies, whether minor or severe, please notify the office. You are welcome to pack your child their own snacks each day.

**\* Sibling Discounts:** Siblings receive \$25 off of Full Day Full week camp. \$10 off of Half Day Full Week Camp. \$5 off per day camps.

\_\_\_\_\_ x **Half Day** = \$ \_\_\_\_\_

\_\_\_\_\_ x **Full Day** = \$ \_\_\_\_\_

\_\_\_\_\_ x **Full Day Week** = \$ \_\_\_\_\_

\_\_\_\_\_ x **Half Day Week** = \$ \_\_\_\_\_

\_\_\_\_\_ x \$5 = \$ \_\_\_\_\_

**Discounts:** - \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Pricing:**  
**Half Day:** \$35/day  
**Full Day:** \$50/day  
**Full Day/Full Week:** \$195/week  
**Half Day/Full Week:** \$150/week

**Before/After Care:**  
**Early Drop Off:** \$5/Day/Child  
**Drop Off Time:** As early as 7:30am  
**Late Pick Up:** \$5/Day/Child  
**Pick Up Time:** As late as 5:30pm

**Payment Type:** Cash  Check # \_\_\_\_\_ Credit Card  CC on File   
**Name on Card:** \_\_\_\_\_ **Card #:** \_\_\_\_\_  
**Expiration:** \_\_\_/\_\_\_ **CVV Code:** \_\_\_\_\_  
IGM accepts cash, check, VISA, MasterCard, & Discover.

**Cancellation Policy:** Camp tuition minus a \$10 processing fee will be refunded if written cancellation notice is received two weeks prior to the first day of camp. **NO** refunds or credits for missed camp days. **Late Charge:** A \$5 late charge incurs 10 min after camp ends, if you are not registered for late pick-up. \$20 for every 1/2 hour late.

I \_\_\_\_\_, the parent/guardian of child(ren) listed above, give permission for my child(ren) to participate in any activity/camp/class/event conducted at IGM Gymnastics. I understand and accept that any activity can involve risks of serious injury, disability, or death. I have instructed my child to follow instructions. I fully release, waive, and discharge IGM Gymnastics, their instructors, directors and all others acting on their behalf from all claims or liability with regard to any personal injury that may be incurred by my child/children during this class/camp/event. I verify that my child is in good physical health and there are no limitations or medical conditions which would limit her/his participation in IGM's activity/camp/class/event. In the event of an injury or accident, I authorize IGM Gymnastics and/or appropriate medical authorities to take necessary emergency Measures for the care and protection of my child while under the supervision of IGM Gymnastics. In case of medical emergency, I understand that my child may be transported to an appropriate medical facility by a local emergency unit for treatment. The child will be treated and transported at the expense of myself or my health insurance. I understand that in some medical situations, the staff will need to contact the local emergency resources prior to the parent, physician, or other adult acting on the child's behalf. I hereby authorize IGM Gymnastics to use photos/videos taken of my child/children for promotional purposes.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**  
**Date Paid:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_ **SD** \_\_\_\_\_ **CC** \_\_\_\_\_ **DM** \_\_\_\_\_ **Initials** \_\_\_\_\_

## Authorized Pick Up 2017

For the safety of each camper, IGM Gymnastics is authorized to release your child only to the individuals listed on this form. Each authorized person must be at least sixteen (16) years old and they **MUST** show photo ID at time of sign-out if they are not known to our staff members. Campers will **NOT** be permitted to leave the camp with anyone not listed. Please list yourself and any adult permitted to pick your child up from camp. A late fee of \$5 per participant for every 10 min. will be assessed for campers not picked up by the closing time *if you are not registered for late pick-up. \$20 for every ½ hour late.* Payment is due within 7 days of notification.

- ***Please notify IGM Gymnastics staff when someone other than the parent/guardian will be picking your child up.***
- ***A signed and dated statement must be delivered to the IGM Gymnastics to receive permission for any adult not listed below to retrieve your child.***

Thank you, your cooperation is appreciated.

### ***The following adults are authorized to pick up my child :***

PARENT/GUARDIAN (1) \_\_\_\_\_

PARENT/GUARDIAN (2) \_\_\_\_\_

FULL NAME & relationship to child: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FULL NAME & relationship to child: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FULL NAME & relationship to child: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### ***The following adults are **NOT AUTHORIZED** to pick up my child :***

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_