



Summer 2010

SUMMER CAMP REGISTRATION FORM

Please Complete ALL Information And Mail To:

Harford Gymnastics Training Center
701 Whitaker Mill Road
Joppa, MD 21085
Phone: 410-879-3718

- Applications Are Accepted On A First Come-First Serve Basis. Registration Can Be Mailed or Dropped Off At Our Center.
- Payment Must Be Made With Registration.
- We Anticipate Full Registration. So Register Early.

Please indicate: Member / Non Member of HG

Child's Name: _____

Birth Date: _____

Age: _____

Phone Home: _____

Work: _____

Alternate: _____

Address: _____

City, State Zip: _____

Camp 1st Choice: _____

Indicate Summer program, session number and time. 2nd Choice: _____

3rd Choice: _____

Extended hours: _____

This registration confirms first choice unless you are notified.

Gymnasts must have a medical exam before participating in the camp program and the administrative staff must be made aware of any allergies, ailments or handicaps. I hereby release Harford Gymnastics Club, Inc., and their instructors from claims on any injuries, which may be sustained while participating in the Harford Gymnastics Club, Inc. program. I recognize that gymnastics, which involves height or motion, can create the possibility of serious injury. Please sign below to indicate that you have read, understand and accept this release.

Send Payment with Registration Form.
Checks are made payable to Harford Gymnastics Club, Inc.
701 Whitaker Mill Road, Joppa, MD 21085.

Parent's Signature: _____

\$15 fee for any check returned by your bank

OFFICE USE	
Payment	Date
Class Code	_____
Received By	_____
Count	_____



Summer 2010

SUMMER CLASS REGISTRATION FORM

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701 Whitaker Mill Road
Joppa, MD 21085
Phone: 410-879-3718

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- We Anticipate Full Registration. So Register Early.

Please indicate: Member / Non Member of HG

Child's Name: _____

Birth Date: _____

Age: _____

Phone Home: _____

Work: _____

Alternate: _____

Address: _____

City, State Zip: _____

Class 1st Choice: _____

Indicate Summer program, session number and time. 2nd Choice: _____

3rd Choice: _____

Extended hours: _____

This registration confirms first choice unless you are notified.

Gymnasts must have a medical exam before participating in the camp program and the administrative staff must be made aware of any allergies, ailments or handicaps. I hereby release Harford Gymnastics Club, Inc., and their instructors from claims on any injuries, which may be sustained while participating in the Harford Gymnastics Club, Inc. program. I recognize that gymnastics, which involves height or motion, can create the possibility of serious injury. Please sign below to indicate that you have read, understand and accept this release.

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