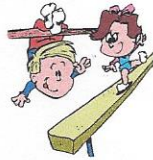


PRESCHOOL GYMNASTICS CAMP



JUNE 12th - 16th, 2017
9:30 AM - 12:30 PM - \$150.00
Boys & Girls- ages 3, 4, & 5

Come join us at PGC for an exciting week of gymnastics, games, fitness, crafts, AND FUN!!! Instruction on all gymnastics apparatus. Have a blast learning skills on the Spring Floor, Balance Beam, Uneven Bars, Vault and Trampoline!
Circuits set up at all events to keep kids moving! No experience necessary.
Snacks and beverages provided

Please fill in form below and mail with \$50.00 NON-REFUNDABLE deposit to:
Philadelphia Gymnastics Center • 26 Portland Road, Suite 100 • West Conshohocken, PA 19428

Note: This is a drop-off camp. Confirmation and detailed information will be sent to you upon receipt of your application!

Do not delay! Limited enrollment to ensure excellent instruction!

Make checks payable to PGC, Inc. - Balance due by June 1, 2017

By filling out this form and registering my child, I agree to abide by PGC's rules and policies. I also understand that activity involving motion, rotation or height may cause accidental injury and such carries with it a reasonable assumption of risk. All proper warm-up exercises must be done in order to reduce the above risk. Gymnastics is an activity requiring active concentration. Horseplay, inability to follow instructions, or any form of carelessness on students part will not be tolerated and could result in student being dismissed from camp.

"PRESCHOOL GYMNASTICS CAMP" - June 12th - June 16th, 2017

Child's Name: _____ Age _____ Birthdate _____ Sex _____

Address _____ City _____ Zip _____

Preferred Phone # _____ Alternate # _____

Email Address (PLEASE PRINT IN CAPS) _____

Parent's Name (PLEASE PRINT) _____

Parent's Signature _____

PHILADELPHIA GYMNASTICS CENTER
26 PORTLAND ROAD, SUITE 100
WEST CONSHOHOCKEN, PA 19428
Office: 610-825-3023 Email: PGCgymnastics@aol.com

To: Bryn Mawr Hospital

My child: _____ is attending a camp program at Philadelphia Gymnastics Center, Inc. the week of June 12, 2017 through June 16, 2017.

I am unable to be contacted at the present time. In case of an emergency, please administer medical care as needed.

Insurance: _____

Card Number: _____

Primary Physician: _____

Telephone Number: _____

Allergies: _____

Thank you,

Signature of parent or guardian:

Date Signed: _____