

GYM JAM GYMNASTICS CAMP



June 18th - June 22nd, 2018

9:30 AM to 4:00 PM

For female students ages - 6 & 7, 8 & 9, 10 and over

Beginner, Intermediate and Advanced

Fee - \$375.00 per week or \$75.00 per each selected day

Join us at PGC for a day filled with GYMNASTICS, FITNESS, and FUN!!!

Instruction on all gymnastics apparatus. Improve your skills on Floor, Trampoline, Balance Beam, Vault, and Bars.

Learn body conditioning for greater strength and flexibility.

Enjoy games and open gym time! Participants will receive Awards and Medals. Limited enrollment to ensure excellent instruction. Bring your lunch. Beverages and snacks provided.

Please fill in form below and mail with \$75.00 NON-REFUNDABLE deposit to:

Philadelphia Gymnastics Center • 26 Portland Road, Suite 100 • West Conshohocken, PA 19428

Note: This is a drop-off camp. Detailed info will be sent to you upon receipt of your registration!

Do not delay! Limited enrollment to ensure excellent instruction!

Before care available from 8:30 AM - After care available until 5:00 PM: \$5/day or \$20/week.

Make checks payable to PGC, Inc. - Balance due by June 9, 2018

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 being dismissed from camp.

Gym Jam Camp for Girls - June 18th - June 22nd, 2018

Child's Name _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____

Preferred Phone # _____ Alternate # _____

Email Address (PLEASE PRINT IN CAPS) _____

Parent's Name (PLEASE PRINT) _____

Parent's Signature _____

Check 'All' for the full week or select which days you would like to register your child:

All ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Interest in before and/or after care - please check here: ___ before care ___ after care

**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 18, 2018 through June 22, 2018.

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: _____