

# GYM JAM HOLIDAY GYMNASTICS



**Thursday, December 27, 2018 - 9:30 AM to 4:00 PM**

**Fee \$125.00**

**For Girls - Ages 6 & 7, 8 & 9, 10 to 12, 13 and over  
Beginner, Intermediate and Advanced**

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

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

Enjoy games and open gym time! Learn body conditioning for greater strength and flexibility.  
Bring your lunch. Beverages and snacks provided.

Please fill in form below and submit to:

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

A \$25.00 non-refundable deposit is due to hold a spot. We accept cash, checks, Visa, Mastercard,  
and Discover. Checks payable to: PGC, Inc. Balance due by Friday, December 16th.

This is a drop-off camp. Detailed information will be sent to you upon receipt of your application!

Do not delay! Limited enrollment to ensure excellent instruction!

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Holiday "Gym Jam" Gymnastics Camp - Thursday - 12/27/18

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 \_\_\_\_\_

Initial here to authorize a credit card payments over the phone \_\_\_\_\_

**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. on Thursday, December 27, 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: \_\_\_\_\_**

**By filling out this form and registering my child, I 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.**