

# PRESCHOOL GYMNASTICS CAMP



**JUNE 11<sup>th</sup> - 15<sup>th</sup>, 2018**

**Boys & Girls- ages 3, 4, & 5**

**9:30 AM - 12:30 PM**

**\$150.00 or \$30.00 per each selected day**

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, 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 student being dismissed from camp.

**"PRESCHOOL GYMNASTICS CAMP" - June 11<sup>th</sup> - June 15<sup>th</sup>, 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 \_\_\_

**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 11, 2018 through June 15, 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: \_\_\_\_\_**