

Vaughan Recreational Gymnastics

Summer Camp 2025 Registration Form

Gymnastics Camp Gym Only Acro Camp

Child's name: _____

Address: _____

City: _____ Postal Code: _____

Telephone #: _____

Age in July: _____ Date of Birth: _____

Severe Allergies: _____

Mom: _____ Tel: _____

Dad: _____ Tel: _____

Email: _____

Other Contact Name & Tel: _____

NOTICE OF WARNING: There is a potential risk of injury involved in training and participating in any sport. Both Gymnastics Ontario and Vaughan Recreational Gymnastics have tried to create a safe and controlled environment for participation. Rules have been established for participation and conduct in and around the gymnastics areas and MUST be followed. Please note that your child's image may be used on our website or in promotional materials. If you wish to opt out, you must do so in writing.

Signature: _____

| | | | |
|------|------------|------------|------------|
| Week | 1 | 2 | 3 |
| Time | AM PM Full | AM PM Full | AM PM Full |
| Week | 4 | 5* | 6 |
| Time | AM PM Full | AM PM Full | AM PM Full |
| Week | 7 | 8 | |
| Time | AM PM Full | AM PM Full | |

*Pro-rated week

Summer Gymnastics Camp 2025

Vaughan Recreational Gymnastics Camp Sign Out Permission Form

I _____

allow my child(ren) _____

to be signed out and picked up each day of camp only by the names listed below:

1. Name: _____

Relation to Child: _____

2. Name: _____

Relation to Child: _____

3. Name: _____

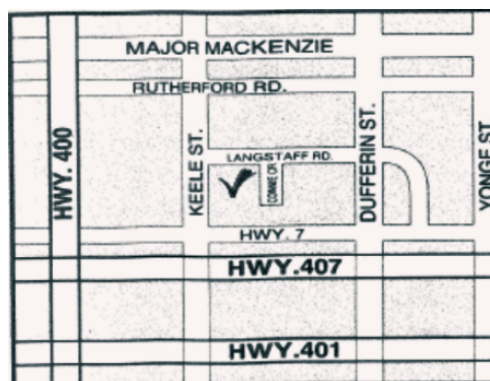
Relation to Child: _____

4. Name: _____

Relation to Child: _____

***Please note that identification must be shown upon pickup.**

Parent Signature: _____



**Please return both completed sections
to the office or to**

vaughangym@gmail.com

Address:

15 Connie Crescent, Unit 9

Vaughan, Ontario

L4K 1L3