



# SUMMER GYMNASTICS CAMP

## Vaughan Recreational Gymnastics Summer Camp 2024 Registration Form

Gymnastics Camp     Gym Only

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 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: \_\_\_\_\_

<b>Week</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Time</b>	AM PM Full	AM PM Full	AM PM Full
<b>Week</b>	<b>4</b>	<b>5</b>	<b>6*</b>
<b>Time</b>	AM PM Full	AM PM Full	AM PM Full
<b>Week</b>	<b>7</b>	<b>8</b>	<b>9*</b>
<b>Time</b>	AM PM Full	AM PM Full	AM PM Full

\*Pro-rated week

## 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: \_\_\_\_\_

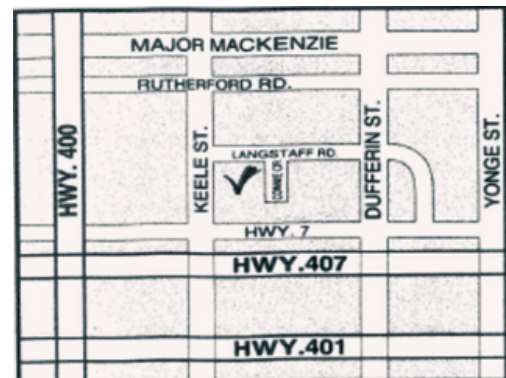
Relation to Child: \_\_\_\_\_

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](mailto:vaughangym@gmail.com)**

Address:

15 Connie Crescent, Unit 9  
Vaughan, Ontario  
L4K 1L3