

A Typical Day at Camp . . .

The day starts with stretching and warm up. As necessary, students will be grouped by age and ability. Groups then rotate through learning stations, which include trampoline, uneven bars, balance beam, mini tramp, tumble track, vaulting and floor tumbling. The Tumbling Camp will include trampoline, tumble track, mini tramp and floor tumbling.

Breaks are scheduled throughout the day. Snacks will be provided, but full-day campers must supply their own lunch.

CGI CAMPS!
A combination of
gymnastics, fun & games.
An experience you won't
want to miss!



Located at
5 South Center Street
Westminster, MD 21157

Carroll Gymnastics, Inc.
5 South Center Street
Westminster, MD 21157

Phone: 410-374-8655
E-mail: info@carrollgymnastics.com



carroll
gymnastics
inc.

Find us on **FACEBOOK!**

CARROLL GYMNASTICS

SUMMER GYMNASTICS CAMPS

AUGUST 13 - 17, 2018



410-374-8655
www.carrollgymnastics.com

REGISTRATION FORM

CAMP DESCRIPTIONS

ALL CAMPS: AUGUST 13 - 17, 2018

TOTS CAMP Ages 3-5 yrs

Time: 9:00am - 12:00pm

Cost: \$160

This half day camp will include gymnastics instruction, games, take-home crafts and snacks.

FULL DAY CAMP Ages 6 yrs and older

Time: 9:00am - 4:00pm

Cost: \$295

This full day camp will include gymnastics instruction, activities, snacks and games.

TUMBLING CAMP Ages 6 yrs and older

Time: 1:00pm - 4:00pm

Cost: \$160

This half day camp will focus on tumbling skills needed for cheerleading and recreation.

Camper Name _____ Age _____ DOB _____
Address _____ Home Phone _____
City _____ State _____ Zip _____

TShirt Size (Circle One): CS CM CL AS AM AL AXL



CONTACT INFORMATION

Parent(s) name(s) _____
Work Phone _____ Cell Phone _____

PARENT AGREEMENT: *I understand and accept the risks of injury inherent to participating in gymnastics. Furthermore, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling and trampoline. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Carroll Gymnastics, Inc. programs and activities. I accept all risks associated with such participation. In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, promise not to sue and forever release their respective officers, directors, employees, landlords and volunteers from all liability resulting from damages or injuries incurred as a result of participation. In the event of an accident or emergency, every effort will be made to contact the parents or guardian. If necessary, I give my consent to Carroll Gymnastics Inc. to administer first aid and or authorize my child(ren) to be transported to a hospital for medical treatment and I hold Carroll Gymnastics Inc. and their representatives harmless in the execution of such. Additionally, I agree to be responsible for any medical bills incurred by myself for my child(ren) resulting from illness or injury sustained while participating at or for Carroll Gymnastics Inc. I have read and understand this assumption of risk, waiver of liability, medical authorization and I voluntarily affix my name in agreement.*

Parent Signature _____

SESSION INFORMATION (Check all that apply) ALL CAMPS: AUGUST 13 - AUGUST 17, 2018

TOTS CAMP 9:00am - 12:00pm / \$160 FULL DAY CAMP 9:00am - 4:00pm / \$295

TUMBLING CAMP 1:00pm - 4:00pm / \$160

*Make checks payable to Carroll Gymnastics, Inc. and return with this application.
Refunds will be allowed up until one week before the first day of your scheduled session.*

OFFICE USE ONLY:
Date received _____ Cash _____ Credit _____ Check # _____ Amount _____
In book _____ In computer _____ Staff collecting registration _____ Paperwork sent _____ Received _____