

Registration Form

Is child residing at the same address as parent? Yes or No (circle please)

PLEASE PRINT

Name of Child _____ Phone _____

Street _____ City _____

Zip _____ Date of Birth _____ Boy or Girl (Please circle one.)

Mother's name _____ Work Phone: _____ Cell Phone: _____

Fathers Name _____ Work Phone: _____ Cell Phone: _____

Emergency Contact

If we cannot reach the numbers above in an Emergency, we will contact the person below.

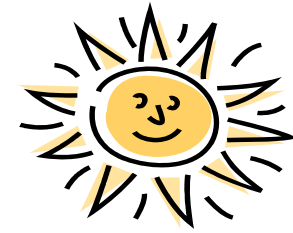
Name _____ Phone _____ Relationship _____

30 Days of Camp!

Student's Name _____

(Please print clearly.)

| June | July | August |
|-------------|-------------|-------------|
| Tue., 6/15 | Thur., 7/1 | Tue., 8/3 |
| Wed., 6/16 | Tue., 7/6 | Wed., 8/4 |
| Thur., 6/17 | Wed., 7/7 | Thur., 8/5 |
| Tue., 6/22 | Thur., 7/8 | Tue., 8/10 |
| Wed., 6/23 | Tue., 7/13 | Wed., 8/11 |
| Thur., 6/24 | Wed., 7/14 | Thur., 8/12 |
| Tue., 6/29 | Thur., 7/15 | Tue., 8/17 |
| Wed, 6/30 | Tue., 7/20 | Wed., 8/18 |
| | Wed., 7/21 | Thur., 8/19 |
| | Thur., 7/22 | |
| | Tue., 7/27 | |
| | Wed., 7/28 | |
| | Thur., 7/29 | |

30 Days of Camp!**Summer 2010****Tuesdays, Wednesdays
and Thursdays****9:00 a.m. – 1:00 p.m.****June 15th - August 19th****Pick as Many as You Want,
Any Days You Would Like!****For: 4 Years - 10 Years****847-949-SPOT****Gymnasticsspot.com****Gym Spot**



Your kids will have a great time!

They will enjoy:

- **Gymnastics**
- **Trampoline**
- **Inflatable**
- **Games**
- **Video**
- **Snack (we provide)**
- **Arts & Crafts**
- **Lunch (you provide)**

All in the safe confines of our facility, under the supervision of our caring and professional staff.

30 Years of Caring for Children

**915 Tower Road
Mundelein IL 60060**

Gymnasticsspot.com

847-949-SPOT



Who: 4 – 10 Year olds who want to have BIG fun this summer!!

When: Pick one or more of the camp dates listed on the registration form.

Register: By completing the attached Registration and Health History forms.

Cost: 1 – 5 days = \$35/day; 6 or more days = \$30/day.

Additional Discount Available!

Refer a Friend* and Get \$5 off for each one that Registers and mentions your name.

Multiple referrals mean multiple discounts!

** Valid for "friends" who are not currently customers of the Gym Spot.*

Health History

Name of Child: _____

All medical information is confidential and for staff use only to ensure the well-being of your child.

Please check all applicable medical conditions below.

Allergies (environmental, food, medications, etc. (Please specify): _____

Asthma Fainting Spells Convulsions Heart Trouble Other (Please specify): _____

Has difficulty with: (Please circle all applicable) Eyes Ears Nose Throat Digestion

Any condition requiring medication: _____ Name of medication: _____

Any restriction of activity for medical reasons? If so, please explain: _____

Signed: _____ Date : _____

Form box containing the Health History section.