



Kristal Uzelac Summer Gymnastics Camp

2011 Registration Form

How did you hear about the Kristal Uzelac Summer Camp?

Registration:

Camp #1 July 11th – July 15th _____ *Camp #2* August 8th – August 12th _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

Name _____ Age _____ DOB _____

T – Shirt Size: CS CM CL AS AM AL AXL

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ Emergency Phone: _____

Email: _____

Make Checks Payable to: Uzelac Gymnastics
\$50.00 non refundable deposit at time of registration
Balance of camp due at time of registration

Medical Release Form MEDICAL RELEASE AGREEMENT AND PARENTAL CONSENT

Students are expected to carry their own accident and/or medical insurance. Coaches and instructors of Uzelac Gymnastics are USAG safety certified and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parents or guardian. If necessary, I authorize Uzelac Gymnastics to administer first aid and authorize medical treatment until professional medical attention can be attained. The above named student has had a medical examination within the last twelve months and is capable of participating in the sport of gymnastics.

Signed: _____

Relationship to Student: _____