

2012 GYMKIDS DANCE CLINIC REGISTRATION FORM

Child's Name: _____ Phone Number: _____
 Address: _____ Email: _____
 City: _____ Gymnastics Club: _____
 State: _____ Zip/Postal Code: _____

Ages 5 – 9 Ages 10 – 13 Ages: 14 +

	Number Desired	Cost	Amount Due
Gymkid		\$20	
Non-Gymkid		\$45	
Non-Gymkid Shirt Size	(CS)	(CM)	(AS)
<i>*Dancers are required to wear their Gymkid t-shirt for the performance</i>			

Make checks payable to Ten-O Club
 Please mail this completed form with check or
 credit card information to:
**Georgia Gymnastics
 Ten-O Club
 P.O. Box 1472
 Athens, GA 30603**
 Questions? Call Donna at 706.542.8006

Credit Card Information	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Card Number	
Expiration Date	CVV Code
Name as it appears on card	
Signature	

Camp Participation Waiver:

I/We, the parent/s or guardian/s of the above named participant, give my/our approval for the participation in any and all dance camp activities. I/We know that participation in sports may result in serious injury or death and protective equipment does not prevent all injuries to participants. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the University of Georgia Gymnastics program, its coaches, staff, and gymnasts, and the Ten-O Club from any claim arising out of injury or death to my/our child resulting from negligence or any other cause due to participation in this dance camp.

 (Signature of Parent/Guardian)

 (Date)