



Summer 2010

SUMMER CAMP REGISTRATION FORM

Please Complete ALL Information And Mail To:

Harford Gymnastics Training Center
701 Whitaker Mill Road
Joppa, MD 21085
Phone: 410-879-3718

- Applications Are Accepted On A First Come-First Serve Basis. Registration Can Be Mailed or Dropped Off At Our Center.
- Payment Must Be Made With Registration.
- We Anticipate Full Registration. So Register Early.

Please indicate: Member / Non Member of HG

Child's Name: _____
 Birth Date: _____
 Age: _____

Phone Home: _____
 Work: _____
 Alternate: _____

Address: _____
 City, State Zip: _____

Camp 1st Choice: _____
Indicate Summer 2nd Choice: _____
program, session 3rd Choice: _____
number and time. Extended hours: _____

This registration confirms first choice unless you are notified.

Gymnasts must have a medical exam before participating in the camp program and the administrative staff must be made aware of any allergies, ailments or handicaps. I hereby release Harford Gymnastics Club, Inc., and their instructors from claims on any injuries, which may be sustained while participating in the Harford Gymnastics Club, Inc. program. I recognize that gymnastics, which involves height or motion, can create the possibility of serious injury. Please sign below to indicate that you have read, understand and accept this release.

Send Payment with Registration Form.
Checks are made payable to Harford Gymnastics Club, Inc.
701 Whitaker Mill Road, Joppa, MD 21085.

Parent's Signature: _____

\$35 fee for any check returned by your bank

OFFICE USE	
Payment	Date
Class Code	_____
Received By	_____
Count	_____



CAMPER HEALTH HISTORY--DAY CAMP

Child's name _____

The following information is required for a camper to be admitted to day camp:

CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see www.EDCP.org (Immunization)

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: _____

2. Is the camper currently enrolled in a Maryland school, public or private?

YES, provide name of Maryland school: _____

NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

NO

CONTACT INFORMATION:

Parent or Legal Guardian: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Camper's Physician: _____ Phone: _____

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behaviour conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent or Legal Guardian's Signature: _____ Date: _____