



# All Olympia Gymnastics Center

12500 BEATRICE ST. LOS ANGELES CA, 90065  
 PHONE: 310-301-8066 FAX: 310-301-8144  
 WWW.ALLOLYMPIAGYM.COM

## 2009 SUMMER CAMP REGISTRATION FORM

Child's Name: \_\_\_\_\_ M/F (circle) Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
 Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**My child will attend camp on the following days (circle desired dates):**

<b>June 15-19</b> M T W T H F	<b>June 22-26</b> M T W T H F	<b>June 29-July 3</b> M T W T H F	<b>July 6-10</b> M T W T H F	<b>July 13-17</b> M T W T H F
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<b>July 20-24</b> M T W T H F	<b>July 27-31</b> M T W T H F	<b>Aug 3-7</b> M T W T H F	<b>Aug 10-14</b> M T W T H F	<b>Aug 17-21</b> M T W T H F	<b>Aug 24-28</b> M T W T H F
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**My child's swimming ability is:**

Beginner      Intermediate      Advanced

**No, I will not need extended care**

**Yes, I will need extended care as follows:**

Before Camp Care: 8AM-9AM

(For an additional \$8 per hour)

After Camp Care: 3PM-4PM      4PM-5PM

5PM-6PM (for an additional \$8 per hour)

**Deposit - \$100 non-refundable per child due with registration. The remaining payment is due ONE WEEK prior to camp date.**

Age requirement: 4 Years Old & Up and must be potty trained.

Camp Tuition			
	Full Day		Half Day
	1 to 4 Weeks*	5 to 11 Weeks*	1 to 11 Weeks*
<b>5 days</b>	\$285	\$255	\$180
<b>4 days</b>	\$240	\$215	\$155
<b>3 days</b>	\$185	\$170	\$115
<b>1 day</b>	\$ 65	\$ 60	\$ 45

\* Discount prices are for full week or multiple days in the SAME week, not for multiple weeks.

### PAYMENT METHOD:

Total enclosed: \$ \_\_\_\_\_

Check # \_\_\_\_\_, payable to: All Olympians Gymnastics Center

Charge my:    Master Card    VISA    Discover

Credit card number: \_\_\_\_\_

Expiration: \_\_\_\_\_

**X** Signature (as shown on credit card) \_\_\_\_\_

Credit card mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

**A current emergency card is required for each child attending camp.**

I have checked the activity schedule for times, camp tuition, and other information. This registration form does not guarantee enrollment, and there are no refunds, credits or make-ups.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount Enclosed:** \_\_\_\_\_