



2009 AOGC Summer Training Camp Application

12500 Beatrice St., Los Angeles, CA 90066
Office 310-301-8066, Fax 310-301-8144

www.allolympiagym.com
(Please print clearly)

2009 AOGC GYMNASTICS SUMMER TRAINING CAMP June 23 - 26, 2009 Level 4 to Elite

Campers (7 Years Old Minimum) \$480
Visiting Coaches \$250
Visiting Coaches who bring 4 or more gymnasts FREE

- A non-refundable deposit of \$100 per gymnast must be included with application.
- Camp Fee minus Camp Deposit = Balance due
Balance of fees due June 1

- Session begins 9:00 AM and ends 4:00 PM every day
- Registration is first come, first serve
- Registration with full payment will receive priority
- A deposit of \$100 must accompany each camper's application
- Campers must be covered by their own medical insurance

Payment Policy

- Before May 15, 2009, personal checks or credit cards will be accepted as payment for all camp fees. Camp deposit is due when you submit application form. **The remainder of your balance is due June 1, 2008.**
- **After May 15, 2009, payment must be submitted in the form of a money order, certified check, or credit card.**
(Do not send cash.)
- There is a charge of \$25 for each bank wire and each returned check.
- Full camp payment and completed application are due **June 1**.

Refund Policy

- **Anytime before May 15, 2009**, upon written notice of cancellation. Camp deposit is non-refundable.
- **Before June 1, 2009**, upon written notice of cancellation, 50% of camp fee is refundable. Camp deposit is non-refundable.
- **After June 1, 2009**, all fees are non-refundable.

All Olympia Gymnastics Center

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Web: www.allolympiagym.com
Email: info@allolympiagym.com

Camper's Name
Last Name First _____

Street
Address _____

City State Zip

Name of Teacher or Gymnastics Coach:

School or Team where you are involved in gymnastics:

Street
Address _____

City State Zip

Father's Full Name _____

Mother's Full Name _____

Home Phone Number _____

Business Phone Number _____

Cell Phone Number _____

E-mail _____

Birthdate _____ Age _____

Enclosed is my Camp Deposit of \$ 100

Payment Type: Check/M.O. Visa MasterCard
_____ Exp. _____

Cardholder's Signature: _____

Do you authorize AOGC to charge your balance payment to this credit card after June 1, 2009? Y N

I hereby authorize the staff at AOGC, to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive any and all claims for personal injury (paralysis or even death), illnesses and/or property damage that I may have against AOGC, and its directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with AOGC. I understand that participation in gymnastics and all other camp activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of injury. The Camp is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the camper or the camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program, as outlined in the camp brochure, which I have read. I also expressly grant to the Camp and any third party authorized by the camp the right to film, videotape, photograph, record the voice of and make any reproductions of the camper's physical likeness and voice and the irrevocable right in perpetuity to use, display, and digitally enhance or alter in any manner, such likeness in any media now known or hereafter devised, including but not limited to the exhibition and/or online use, broadcast, theatrically or on television, cable or radio, of any motion picture film, video tape, DVD, CD, or any published articles in which such likeness may be printed, used or incorporated, and in the advertising, exploiting and publicizing of the Camp.

Sign Here: _____
Parent or Guardian (Signature)

Date: _____
This application may be photocopied