



**WINNIPEG GYMNASTICS CENTRE**

3-1249 Clarence Avenue  
Winnipeg, Manitoba R3T 1T4  
Phone: 204-475-9872 wingym@mts.net

Come and join us at Winnipeg Gymnastics Centre for a fun filled Summer. Camps will offer gymnastics training for recreational to competitive gymnasts. Our team of enthusiastic coaches will take you through skills on floor, vault, beam, bars, trampoline and our favourite, the foam pit! Arts and Crafts and outdoor play will be included. Please bring a packed lunch and snacks.

**Summer Camp Registration Form 2011**

Childs Name: \_\_\_\_\_

Last

First

Birthdate: \_\_\_\_\_

(yyyy/mm/dd)

age

M or F

Medical Information: \_\_\_\_\_ / \_\_\_\_\_

6 digit

9 digit

Allergies / Other Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Guardians Names: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Home

Work

Cell

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Please check which week registering for:

WEEK 1      4-8 July                      Full Day \_\_\_\_\_ 9-4pm      Half Day \_\_\_\_\_ 9-12pm or 1-4pm

WEEK 2      11-15 July                      Full Day \_\_\_\_\_ 9-4pm      Half Day \_\_\_\_\_ 9-12pm or 1-4pm

WEEK 3	18-22 July	Full Day _____ 9-4pm	Half Day _____ 9-12pm or 1-4pm
WEEK 4	25-29 July	Full Day _____ 9-4pm	Half Day _____ 9-12pm or 1-4pm
WEEK 5	2-5 August (4 days)	Full Day _____ 9-4pm	Half Day _____ 9-12pm or 1-4pm
WEEK 6	8-12 August	Full Day _____ 9-4pm	Half Day _____ 9-12pm or 1-4pm
WEEK 7	15-19 August	Full Day _____ 9-4pm	Half Day _____ 9-12pm or 1-4pm
WEEK 8	22-26 August	Full Day _____ 9-4pm	Half Day _____ 9-12pm or 1-4pm

Weekly Full Day Camp      \$140 and \$115 for Week 5

Weekly Half Day Camp      \$70

Daily Full Day Camp      \$35

Daily Half Day Camp      \$20

Insurance for non-members    \$15 one time payment

30 mins Before and After care is available upon request at no extra charge.

For Daily Camps please fill out the registration form and email Celia Champion at [wingym@mts.net](mailto:wingym@mts.net) or call 475-9872 with specific days required.

**Total Amount Enclosed \$\_\_\_\_\_** Cash or Cheques accepted. Please make cheques payable to **Winnipeg Gymnastics Centre**.

I hereby understand that injuries can arise by accident from the very nature of the programs activities, and hereby release and waive all rights to any claim or action against Winnipeg Gymnastics Centre arising from injury, loss or damage to my child's property except where such injury, loss or damage is caused by the negligence of Winnipeg Gymnastics Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(yyyy/mm/dd)