

DREAM GYMNASTICS



SUMMER GYMNASTICS CAMPS 2021

919-422-4015

dreamgymnasticsnc@hotmail.com

www.dreamgymnastics.org

Join in the fun with Dream Gymnastics Summer Camps!! Campers will receive instruction on bars, beam, vault, floor and trampoline that are focused on increasing confidence and building strength for the camper. The camper will transition between instructional time, crafts and games.

Camp ages range from 3 year olds and up. Children must be potty trained. Please provide a mid-morning snack, lunch and drink for all campers.

CAMP FEES:

Weekly rates (Mon-Fri 9am-1pm): \$150

Daily rates (9am-1pm per day): \$35

CAMP REMINDERS:

*Camps must be paid in full. No refunds will be issued for missed days.

*Camps must have at least 7 kids enrolled to hold camp.

*Register at www.dreamgymnastics.org

Name: _____

Age: _____ Sex: _____

Address: _____

Parent's Name: _____

Phone #: _____

Email to receive camp information: _____

Allergies: _____

Sign up for:	Time	Price	FULL OR DAILY
June 1-4	9-1pm/ 12-4pm	\$130/\$35	
Jun 7-11	9-1pm / 12-4pm	\$150/\$35	
Jun 14-18	9-1pm	\$150/\$35	
July 5-9	9-1pm / 12-4pm	\$150/\$35	
July 12-16	9-1pm	\$150/\$35	
Aug 2-6	9-1pm	\$150/\$35	
Aug 16-20	9-1pm	\$150/\$35	

Like any physical activity, participating in gymnastics does involve a certain amount of risk of injury. By permitting my child to participate, I understand this risk. Therefore, I/we _____ and _____, being the parents of _____, a minor child do hereby release Dream Gymnastics, LLC from all claims, demands, rights, and causes of actions of whatever kind and nature arising from and by reason of our minor child participating, competing in, and engaging in the gymnastics program offered by Dream Gymnastics, LLC.

Signature of Parent/Guardian

Date

Method of Payment

Visa

Check

MasterCard

Cash

Credit Card # _____

Exp. date _____

Signature _____

For Office Use Only

Amount Paid: _____ Date: _____

Amount Due: _____ Other: _____