GGAC SUMMER CAMPS

2024

2024 GGAC CAMPER APPLICATION – Camp Site at Greenville Gymnastics Academy and Cheer, 455 Hadley Road, Greenville, PA 16125. E-mail: greenvillegymnastics@hotmail.com Tel: (724) 588-8166

Camper's Name:					
Last	Fire	st	Nickname		
Address:					
Street Address	City/Zip		Home	Home Telephone	
/ /					
/ Camper's Birthdate	Age 1 st day of camp		Camper/	Camper/Parent Email	
Mother's Full Name	Work Telephone Cell phone		II phone		
Father's Full Name	Work Telephone Cell F		Il Phone		
I heard about GGAC from: Internet	My gym Fac	cebook Fri	iendWebsite	e	
My Gym Club:	Level co	npeted last seas	son:		
SESSION INFO	ORMATION -	CHOOSE YO	OUR SESSION	S	
	*Deposit due l	y April 15 ^t	:h		
	JUNE CA	MPS			
	JUNE 18 & 20 JUNE 18 & 20				
	JULY CA	MPS			
GYM TEAM CAMP LEVEL 2- Preteam CAMP	JULY 15 - 18 JULY 22, 23, 25		JITION \$315.00 \$ JITION \$145.00		
	AUGUST (CAMPS			
TRAMP & TUMBLING CAMP	AUGUST 6 & 8	(9:00-12:00)	TUITION \$95.00	\$25.00 DEPOSIT.	

Make Checks payable to: **GGAC**

Balance Due BEFORE 1st day of camp \$20.00 charge for all Return Checks Non-Refundable Deposit Due at time of Registration (\$50.00 Team Camps; \$25.00 all other)

SHIRT SIZE: (PLEASE CIRCLE ONE) CS CM CL AS AM AL

*T-shirt included IF deposit is paid by April 15th

Please sign Below:

I hereby authorize GGAC staff to act for me according to their best judgment, during an emergency requiring medical attention. I hereby waive and release GGAC from any liabilities, injuries or illnesses incurred while at camp. I understand that participation in gymnastics OR any sport involving motion, rotation, and height, in a unique environment, carries with it risk of injury, even death. I understand that all medical expenses incurred will be the responsibility of parents or guardians. GGAC requires families to carry their own medical insurance. In Lieu of a medical certificate signed by a doctor, I have no knowledge of any medical or mental impairment or use of drugs that will prohibit or impair my child in any way from participating in the GGAC program. I give GGAC permission to use camp photos and videos, only for advertisement purposes.

PARENT/GUARDIAN SIGNATURE REQUIRED

Parent/Guardian Signature:	Print Name:	Date:	
Gymnast Signature:	Print Name	Date:	

Thank you for registering and we are looking forward to seeing you at camp!!

*Please see website for additional information pertaining to camps!