

Concho Valley Gymnastics

101 N. Oakes St.; San Angelo, TX 76903

conchovalleygymnastics.com Phone: 482-8878 teamcvg1@gmail.com

Spring Break Camp 2025

Camper Information:

Camper's Name: _____ Age: _____ DOB: _____ M / F

Mailing Address: _____ City: _____ Zip: _____

Mother's Name: _____ Work #: _____ Cell#: _____

Father's Name: _____ Work #: _____ Cell #: _____

Home #: _____ Email Address: _____

Other Emergency Contact: _____ #: _____

Medical Information:

Please list any medical conditions your child has which we should be alerted to?

Child's Physician: _____

Medical Insurance Company _____ Policy #: _____

Acknowledgment of Risk and Waiver of Liability

You agree that you are aware that your child named below will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to them. You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that may result. You hereby agree to waive any claims or rights that you might otherwise have to sue Concho Valley Gymnastics, its employees, owners, officers or agents for injuries that may occur as a result of these activities. We will make no evaluation or recommendation whether your child is physically fit for any exercise activity. If your child has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

I would like my child to attend camp during these days:

___ Day 1 (Mar. 17th) ___ Day 2 (Mar. 18th) ___ Day 3 (Mar. 19th) ___ Day 4 (Mar. 20th) ___ Day 5 (Mar. 21st)

Camp Day: 8:00 a.m. – 5:30 p.m. \$40/Day or \$170/Week

Ages: 5-11 yrs. (early drop-off 7:30 a.m. late pick up 5:30 p.m.)

I understand that the balance for each day is due Monday morning of the first day of camp. I also understand that my child's space is not reserved until a **\$40 deposit** is paid. This deposit is not refundable and non-transferable.

Signature: _____ Date: _____

For Office Use ONLY: Deposit: _____ Date paid: _____ Ck #: _____ Balance due for 1st week: _____