

### Registration Form

Is child residing at the same address as parent ? Yes or No (circle please)

Name of Child \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl (Please circle one.)

Mother's name \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fathers Name \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Emergency Contact

If we cannot reach the numbers above in an Emergency, we will contact the person below.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### PLEASE PRINT

#### Check Day(s)

- Mon. March 26th
- Tue. March 27th
- Wed. March 28th
- Thur. March 29th

Gym Spot

- Pre-school and Developmental Gymnastics
- Pre-Teams and Competitive Teams
- Parties and Field Trips
- Competitive Gymnastics
- Parents' Night Out
- Holiday Camps

**Over 30 Years of  
Caring for Children**

**915 Tower Road  
Mundelein IL 60060**

**[gymnasticsspot.com](http://gymnasticsspot.com)**

**847-949-SPOT**

Welcome to The Islands!



**Spring Break Camp  
2012**

**9:00 a.m. – 1:00 p.m.**

**Mon., March 26<sup>th</sup>  
Tues., March 27<sup>th</sup>  
Wed., March 28<sup>th</sup>  
Thur., March 29<sup>th</sup>**

**For: 4 Years – 10 Years**

**847-949-SPOT  
[Gymnasticsspot.com](http://Gymnasticsspot.com)**

Gym Spot



**Who:** 4 – 10 Year olds who want to have BIG fun over Spring Break!!

**When:** Pick one or more of the camp dates listed on the front cover.

**Register:** By completing the attached Registration and Health History forms.

**Cost:** \$35

**Refer a Friend\* and Get \$5 Off For Each One That Registers and Mentions Your Name. Multiple referrals mean multiple discounts!**

*\* Valid for "friends" who are not currently enrolled in classes at the Gym Spot.*

**Your kids will have a great time in our tropical gym oasis!**

**They will enjoy:**

- **Gymnastics**
- **Trampoline**
- **Inflatable**
- **Games**
- **Video**
- **Snack (we provide)**
- **Arts & Crafts**
- **Lunch (you provide)**

**All in the safe confines of our facility, under the supervision of our caring and professional staff.**



**Health History**

Name of Child: \_\_\_\_\_

*All medical information is confidential and for staff use only to ensure the well-being of your child.*

Please check all applicable medical conditions below.

Allergies (environmental, food, medications, etc. (Please specify): \_\_\_\_\_

Asthma    Fainting Spells    Convulsions    Heart Trouble    Other (Please specify): \_\_\_\_\_

Has difficulty with: (Please circle all applicable)    Eyes    Ears    Nose    Throat    Digestion

Any condition requiring medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Any restriction of activity for medical reasons? If so, please explain: \_\_\_\_\_

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

Parent or Guardian