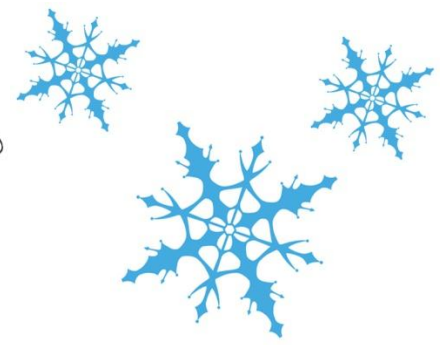


# 2018/2019 TEAM Winter Holiday Camp

## Ivanov's Gymnastics Academy

Ivanov's Gymnastics Academy, 800 Webb St, Jefferson, LA 70121  
Inside the Big Easy Sportsplex  
P: 504.889.9800      ivanovs.gymnastics@yahoo.com  
WWW.IVANOVS.GYMNASTICS.COM



Registration begins November 1<sup>st</sup>!

### What is IGA camp?

Lots of open gym time to practice - Gymnastics, tumbling, indoor games, and arts and crafts

### Who are the camp counselors?

Our staff is made up of coaches and trainers, who have been selected by their ability to teach, keep children excited about what they are learning, and help build confidence through success. Our group leaders are SAFETY CERTIFIED by USA GYMNASTICS.

### Camp Tuition - HALF & FULL DAY CAMP – TEAM CAMPERS CAN ATTEND EITHER HALF DAY OR FULL DAY CAMP

Half day Camp \$35.00/day      9-12:30 PM (bring snack)

Full day Camp \$45.00/day      9-3 PM (bring lunch and snack)

\*Minimum of 20 children required for each day (days will be cancelled if not enough children registered).

### Register and pay IN ADVANCE for ALL Camp and Care.

Before and after care available: BEFORE care: 8-9am-\$5.00 per day // AFTER care 3-5pm - \$10.00 per day  
(After Care Fees will not be charged if the camper has Team Practice that afternoon)

### Camp Registration Form

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/zip code \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Home Phone# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

Doctor's name \_\_\_\_\_ Office Phone \_\_\_\_\_

Emergency contact (relationship) \_\_\_\_\_ ( \_\_\_\_\_ ) Phone \_\_\_\_\_  
This should be someone to contact in the event the parents cannot be reached.

Medical problems (or any other situation we should be aware of) \_\_\_\_\_

**Camp Sessions:** Please circle the day(s) for which you are registering.

My child will need: (please circle)

Before Care

After Care

12/26

12/27

12/28

1/2

1/3

1/4

### Payment: (For Office Use Only)

Date	Ck#	Amount	Notes	Date	Ck#	Amount	Notes

### Liability Waiver and Release

I hereby authorize the staff of IGA to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release IGA from any and all liability for any injury or loss incurred while at the gym. I have read the general guidelines and agree to abide by them. I certify that this student is able to participate in any gym activities.

We permit our child, \_\_\_\_\_ to participate in all activities.

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

**STUDENTS MAY NOT ATTEND CAMP UNLESS ALL FEES ARE PAID IN ADVANCE.**