



Mariposa Gymnastics Club
655 Harvie Settlement Rd.
Orillia, ON L3V 0Y7
705-325-3754

mariposagymnastics@gmail.com

Gymnasts Full Name _____ Age _____ M/F Gymnasts Full Name: _____ Parent Name _____ Address: _____ City: _____ Postal Code: _____ Home phone _____ Cell phone _____ Emergency Contact _____ Phone # _____ Medical / Allergy / prior injury _____ <i>Please note: There is a potential risk of injury in training and participation in any sport. The club and the provincial association have tried to create a safe, controlled environment for participation. The Club has established rules for participation and conduct on and about the gymnastic area that should be followed. I hereby release Mariposa Gymnastics Club from all claims for damages arising from participation by the applicant during any activity. I grant Mariposa Gymnastics Club to act on my behalf and transport my child to a local doctor or hospital for medical treatment if necessary.</i> Signature (parent/ guardian) _____ Date _____	<u>SUMMER CAMP PROGRAM</u> MONDAY TO FRIDAY FULL DAY/ FULL WEEK 8:30am – 4:30pm \$200.00 _____ MONDAY TO FRIDAY 8:30am – 12:30pm ½ DAY / FULL WEEK \$130.00 _____ WEEK JULY 9-13 _____ WEEK JULY 16-20 _____ WEEK JULY 23-27 _____ WEEK AUGUST 7-10(180.00/115) _____ WEEK AUGUST 13-17 _____ WEEK AUGUST 20-24 _____ <u>PER DAY</u> ½ day - \$30.00 Full day - \$45.00 WEDNESDAY 1/2 DAY \$35.00 FULL DAY - \$50.00 MONDAY _____ TUESDAY _____ WEDNESDAY –beach day!!! _____ THURSDAY _____ FRIDAY _____ EXTENDED CARE: Our SUMMER CAMP starts at 8:30 am and ends at 4:30 pm. Please make arrangements to have your child picked up on time. There will be a late charge for late pickups of \$10.00 for each ½ hour.
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Payment AMOUNT PD _____ CASH - CHEQUE – DEBIT – M/C - VISA Notes: non-refundable

