



**SUMMER 2009
BEGINNER BOYS' GYMNASTICS CAMP**



**STRENGTH & CONDITIONING
GRADES 4th – 6th
(Incoming 4th -6th Graders)**

STUDENT NAME (FIRST, MIDDLE, LAST)		T-SHIRT SIZE:			
		YS	YM	YL	AS AM AL
SCHOOL ATTENDING IN 2009-2010	BIRTHDATE	GRADE FOR 2009-2010			
FATHER'S NAME	MOTHER'S NAME				
PRIMARY ADDRESS					
CITY	STATE	ZIP CODE	STUDENT E-MAIL		
DAD WORK PHONE			MOM WORK PHONE		
DAD HOME PHONE			MOM HOME PHONE		
DAD MOBILE PHONE			MOM MOBILE PHONE		
DAD E-MAIL			MOM E-MAIL		
EMERGENCY CONTACT NAME (IF PARENTS CANNOT BE REACHED)			EMERGENCY CONTACT PHONE		

I hereby certify that _____ is physically fit to participate in the Beginner Boys' Gymnastics Camp. I know of no physical impairments, which would in any manner limit participation in such a program. Is there any pertinent information regarding your son such as asthma, diabetes, epilepsy, etc?

I hereby register my son for the camp described below and authorize the staff to direct him in participation in camp activities. I authorize the staff to attend any health problem or injury my child may incur while attending camp. I further acknowledge that the Beginner Boys' Gymnastics Camp, the coaches, Richardson ISD, and anyone associated with the Beginner Boys' Gymnastics Camp, will not be liable for any damage from injuries or illness sustained during the Beginner Boys' Gymnastics Camp.

PLEASE BRING THIS FORM WITH PAYMENT TO THE GYM ON THE DAY OF YOUR FIRST LESSON.

Signature of Parent or Guardian

BEGINNER BOYS' GYMNASTICS CAMP

Classes meet Tuesday & Thursday
5:30 p.m. – 7:00 p.m.

\$10.00 per lesson (checks payable to Coach Jake Moran)
----PAYMENT DUE BEGINNING OF EACH LESSON----

R.I.S.D. GYMNASTICS CENTER
The Math / Science / Technology Magnet
450 Abrams Road
Richardson, TX 75081

Please visit our website for phone # and e-mail:
www.risd-gymnastics.org

JUNE		JULY		AUG	
TUE	THU	TUE	THU	TUE	THU
16	18		2	4	6
23	25	14	16	11	13
30		21	23		
		28	30		

Coach Jake Moran
R.I.S.D. Boy's Gymnastics