

# Tumble Katz Day Camp

at  
Columbus Gymnastics  
Academy

June 24-28  
July 1-5  
July 8-12  
July 15-19  
July 22-26  
July 29-Aug 2  
Aug 5-9



Girls and Boys  
Ages 3-6

9am-12pm  
OR  
1pm-4pm

\$95/week

**\*\*Pre-Registration Required\*\***

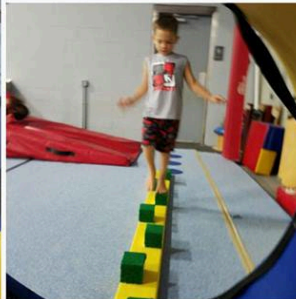
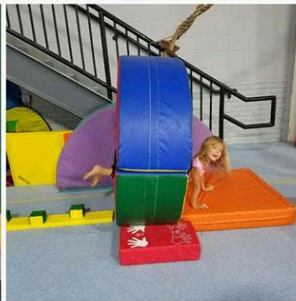
Gymnastics!

Games!

Snack!

Parachute!

Crafts!



askcgagymnastics@gmail.com  
www.cgagymnastics.com  
(614)575-9557

6810 Thrush Dr  
Canal Winchester  
OH, 43110

Registration: Register NOW! Space is limited!

Camp Attire: Campers should be dressed in comfortable, athletic attire. A Leotard IS NOT required for girls. No exposed midriff please.

Camp Fee: \$95 for the week

Payment: A \$50.00 NON-REFUNDABLE deposit for EACH WEEK is required with registration. The balance of the camp fee is due on the first day of camp.

Discounts: Receive %5 off when you schedule your second week of camp OR 5% off a siblings camp fee.

Supervision: Supervision and instruction will be provided by CGA Instructors.

Please mark the week(s) you wish to attend with "AM" or "PM":

June 24-28 \_\_\_\_\_ July 1-5 \_\_\_\_\_ July 8-12 \_\_\_\_\_ July 15-19 \_\_\_\_\_

July 22-26 \_\_\_\_\_ July 29-Aug 2 \_\_\_\_\_ Aug 5-9 \_\_\_\_\_

\_\_\_\_\_  
Deposit Method/Date

\_\_\_\_\_  
Balance Owed

\_\_\_\_\_  
Balance Method/Date

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Parent Contact Name

\_\_\_\_\_  
Parent Email Address

### Any Pertinent Medical Information

As legal guardian of the above child(ren), I hereby consent to the aforementioned person(s) participating in the Columbus Gymnastics Academy Inc.'s programs.

By the very nature of the activity, gymnastics, cheerleading, tumbling and Ninja Zone, all carry a risk of physical injury. No matter how careful the student, and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced, yes, but never eliminated. I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my child(s) participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc., the Columbus Gymnastics Academy, Inc. Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child(ren) engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while training at, for, or under the direction of Columbus Gymnastics Academy, Inc.. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I am aware that individual and group publicity photos and videos are taken and in consideration of my child(ren)'s participation, I hereby grant permission for my child(s) likeness to be used in Columbus Gymnastics Academy, Inc.'s publicity or advertising.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Contact Phone #