

**Spaces Fill Quickly Don't Miss Out
Enroll Today !!**



2010

Girl's Recreational Gymnastic Summer Camps

June 14th - 18th

July 12th - 16th

August 9th - 13th

(Ages 6- 15 yrs)

The Focus: This camp is all about acrobatics and gymnastics! We focus on proper techniques, balance, strength, flexibility and progressions involved in the sport of gymnastics. The camp is specifically designed to help students of all ranks enhance and develop the necessary skills to excel in gymnastics, and prepare them to advance to the next level. Students will be placed in groups according to age and ability. The camp has three principles we all follow: Be Safe! Have Fun! Work Hard!

Cost: \$ 79.00 for one week of camp.
 \$199.00 for *all three weeks* of camp!

Fun & Flips!

Camp Schedule: (Sample Schedule)

Check in	12:00pm
12:00-12:15	Warm up/ Flexibility
12:15-12:45	First Rotation (ie; "Bars")
12:45-1:15	Second Rotation (ie; "Beam")
1:15- 1:45	Third Rotation (ie; "Floor")
1:45-2:00	Break Time
2:00-2:30	Fourth Rotation (ie; "Vault)
2:30-3:00	Extra Event (Trampoline); Conditioning Training
Check out	3:00pm
<i>T.B.A</i>	<i>Swim Party (day & time to be announced)</i>

Staff: The Camps head instructor is Christopher Blache and his power staff.

Medical Consent & Release of Liability: Each camper MUST fill out a Medical Consent & Release of Liability Form. Camper cannot participate without a signed release form.

Location and Facilities:

America's Best Kids Sports Center: 1914 Skypark Dr. Medford, OR 97504

541-245-0432

www.abkkids.com

What to Bring: All campers will need to bring: snack each day. And on swim days: swim suit, towel, and goggles.

Class Instruction: Classes will consist of training on the Olympic Gymnastics Events: Bars, Balance Beam, Floor, and Vault. We will also be training on/with: Trampolines, Tumble Track, Foam Pits, and much, much more!

How to Register: Please stop by the front desk and fill out the attached registration form application.

*Don't Hesitate! Camp is Limited and Fills Quickly!
For further information call (541) 245-0432*

www.abkfun.com



ABK's 2010 Girls Recreational Gymnastics Summer Camp

Child's Name _____

Age _____ DOB _____

Parent's Name: _____

Phone _____ Cell _____ Work _____

Phone _____ Cell _____ Work _____

Address _____

City _____ ST _____ Zip _____

Email _____

People authorized to pick up your child

Name _____ Phone _____

Name _____ Phone _____

Medications or Medical Conditions

What do you want to work most?

Late Pick Up Fee: If a student is not picked up immediately after camp a charge of \$10 will be applied to your account and \$1 a minute for every minute after the first 10 minutes.

Release of Liability. I understand that strict observation by me, of the rules and regulations of America's Best Kids including the use of protective equipment, will largely eliminate the possibility of accident or injury, and I hereby represent that I am physically fit to take the prescribed course of instruction and that I have had an opportunity to observe and/or participate in lessons prior to the signing of this agreement. I have chosen and voluntarily agree to use the facilities, equipment and resources provided by America's Best Kids at my own risk with knowledge of the risks involved. I further understand and agree that I release from liability and waive any and all claims or actions for personal injury or death or property damage or loss against America's Best Kids, its owners, officers, operators, employees and affiliated persons, whether caused by the fault, negligence, omission, or any other act however caused, of America's Best Kids. **X** _____

Camps Attending: June July Aug. (Please Circle) Payment due at the time of registration	Camp: \$79/week \$199/all three
	# of weeks: _____ Camp Total: _____ (If non member - Membership fee \$30)

Emergency Contact (other than parent or guardian)

Name (1) _____
 Relation _____
 Phone No. _____
 Alt. No. _____
 Name (2) _____
 Relation _____
 Phone No. _____
 Alt. No. _____

Health Information

Physician's Name _____
 Phone _____
 Insurance Company _____
 Policy # _____ Group #: _____
 Name of Insured _____

Medical Authorization: I hereby authorize the staff of America's Best Kids to act for me according to their judgment in any emergency requiring medical attention, and hereby waive and release the school and its staff from any and all liability for injuries or illness incurred while in the school. I have no knowledge of any physical impairment that may affect the above named student participation in the program and have read and understand the terms and conditions outlined in the accompanying material including the membership agreement. **X** _____

I agree to the terms of this agreement:

 Student/Parent or Guardian

 ABK Representative