



OLYMPIUM RHYTHMIC GYMNASTICS CLUB

590 RATHBURN ROAD, ETOBICOKE, ONTARIO M9C 3T3

Phone: 416-620-4400 e-mail: olympium.rgc@gmail.com

Visit our website @: www.olympiumrhythmics.com

SUMMER CAMP

Flexibility

Strength

Fun

August 13th – August 31st, 2018

HELD AT

ETOBICOKE OLYMPIUM

590 Rathburn Road, Etobicoke, ON, M9C 3T3

WEEK	DATES	RECREATIONAL 3 – 6 years old 7 - 14 years old	RECREATIONAL 7 – 14 years old	COMPETITIVE
1	AUGUST 13-17	\$160.00 4:00 pm – 8:00 pm	\$160.00 4:00 pm – 8:00 pm	\$170.00 4:00 pm – 8:00 pm
2	AUGUST 20-24	\$140.00 9:00 am – 12:00 pm	\$240.00 9:00 am – 4:00 pm	\$260.00 9:00 am – 4:00 pm
3	AUGUST 27- 31	\$140.00 9:00 am – 12:00 pm	\$240.00 9:00 am – 4:00 pm	\$260.00 9:00 am – 4:00 pm

- ✓ **10% discount if registered before June 7th, 2018**
- ✓ **The second child of a family registered in a Summer Camp will receive a 20% discount from the lowest fee.**

Please note: the total of discount cannot be greater than 20% per child

FREE CLASS

Monday, August 13th, 2018

7:00 pm – 7:45 pm

Free class is offered to NEW gymnasts only. For more information and registration call:
416-620-4400 or e-mail: olympium.rgc@gmail.com

Registration:

by e-mail olympium.rgc@gmail.com

or mail to: 1113 Kipling Ave, Toronto M9B 3M4



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2018 SUMMER CAMP REGISTRATION FORM

Surname		
First Name		
Address		Postal Code
E-Mail Address		
Home Phone		
Mother's First Name	WK PH #	CELL #
Fader's First Name	WK PH #	CELL #
ALLERGIES/HEALTH CONCERNES		
DATE OF BIRTH (YYYY/MM/DD)		

PROGRAM SELECTION

PROGRAM NAME	WEEK	TIME

PROGRAM FEE	CLUB FEE \$ 70.00	PRACTICE SUIT \$ 50.00	TOTAL

PAYMENT METHOD: CASH

CHEQUE # _____

I understand that there is potential risk of injury involved in training and participating in any sport. I understand that Olympium Rhythmic Gymnastics Club and Gymnastics Ontario have tried to create a safe and controlled environment for participation and that the Club has established rules for participation on and about the gymnastics area that must be followed. I understand that failure to comply with any of the policies and rules of the Club and/or Gymnastics Ontario may result in the suspension or termination of membership. I waive the rights of the participant and family named above, to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with the Club/Federation.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Please tell us how you heard about us: WEBSITE ADVERTISING RETURNING FRIENDS OTHER



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