



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

2024 SUMMER CAMP

Flexibility

Strength

Fun

August 12 – 30, 2024

AT

ETOBICOKE OLYMPIUM

590 Rathburn Road, Etobicoke, ON, M9C 3T3

WEEK	DATES	RECREATIONAL 3 – 6 years old 7 - 14 years old	BEGINNER 7 – 14 years old	COMPETITIVE
1	AUGUST 12 - 16	\$100.00 4:30 pm – 8:30 pm	\$160.00 4:30 pm – 8:30 pm	\$175.00 4:30 pm – 8:30 pm
2	AUGUST 19 - 23	\$200.00 9:00 am – 12:00 pm	\$320.00 9:00 am – 4:00 pm	\$350.00 9:00 am – 4:00 pm
3	AUGUST 26 – 30	\$200.00 9:00 am – 12:00 pm	\$320.00 9:00 am – 4:00 pm	\$350.00 9:00 am – 4:00 pm

- ✓ **The second child of a family registered in a Summer Camp will receive a 10% discount from the lowest fee.**

Registration:

by e-mail olympium.rgc@gmail.com

or mail registration form and a payment to:

71 Humbervale Blvd, Toronto, ON, M8Y 3P5



OLYMPIUM RHYTHMIC GYMNASTICS CLUB

590 RATHBURN ROAD, ETOBICOKE, ONTARIO M9C 3T3

PHONE (416) 620 4400 E-MAIL: olympium.rgc@gmail.com

2024 SUMMER CAMP REGISTRATION FORM

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

PROGRAM SELECTION

PROGRAM NAME	WEEK	TIME

PROGRAM FEE	CLUB FEE (MANDATORY paid once/season July 1 st – June 30th) \$70.00	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