

Conant High School

Winter Gymnastics Camp

WHEN: WEDNESDAY, DECEMBER 27TH AND THURSDAY, DECEMBER 28TH

TIME: 10AM TO NOON

COST: \$40.00 - CHECKS MADE OUT TO CONANT HIGH SCHOOL

PAYMENT MUST BE INCLUDED WITH REGISTRATION FORM

AGES: 4-14 (8TH GRADE) BOYS AND GIRLS ARE WELCOME

ATTIRE: COMFORTABLE CLOTHES (NO JEANS PLEASE)

DEADLINE FOR REGISTRATION IS FRIDAY, DECEMBER 22ND

Parents, this would be a great chance to relax after the holidays while your gymnasts are having fun learning skills. The Conant Varsity and JV girls, under the supervision of the coaching staff, will be teaching your children skills on each piece of equipment, and leading them in strength building games. No experience is necessary and boys and girls are welcome. We will divide gymnasts by ability level to assist them in learning skills at their level. All participants will receive a tee shirt. So enjoy your time and we'll take care of the fun for your child!



Mail entry form and fee to: Conant High School
C/o Lorel Cunningham
700 East Cougar Trail
Hoffman Estates, IL 60169

Make checks payable to: Conant High School
Phone: (224) 653-3352
Email: lcunningham@d211.org

Participant's Name: _____ Age: _____

Parent Email Address: _____

Phone (in case of emergency): _____

Parent's Signature: _____ Date: _____

T-Shirt Size – Check one

Youth Small _____ Youth Medium _____ Youth Large _____ Adult Small _____ Adult Medium _____ Adult Large _____

Medical Treatment Authorization and Liability Release

I, the undersigned parent or guardian does hereby give permission for my daughter/son to participate in the Conant High School Gymnastic Clinic. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity. I hereby authorize the gymnastic coach or other supervising adult to obtain medical treatment for my daughter/son for such injury during this activity, and I hereby hold District 211 Conant High School and its representatives harmless in the exercise of authority.

I further understand that Conant High School has established rules and regulations pertaining to the safety, conduct, behavior and activities of all the students and gymnastic participants, by which my daughter/son must side by during participation during this activity and my daughter/son and I will be responsible for her/his failure to abuse by those rules and regulations. My daughter/ son and I have read and understand the above Medical Treatment Authorization and Liability Release.