

**KAATS GYMNASTICS  
SUMMER CAMP 2021  
Camp: JULY 12<sup>th</sup> 13<sup>th</sup> 14<sup>th</sup> 15<sup>th</sup>**

**Survivor Camp Price:  
COST: \$275.00.**

***CAMP T-SHIRT – PROVIDED  
Gymnast must provide their own lunch  
AGES 8 YEARS AND UP***

**Survivor Camp Schedule:  
8:45AM - 2:45PM EACH DAY**

**Camp Location (directly off Hwy 52):  
KAATS Gymnastics, Inc.  
191 County Road 11 NW  
Pine Island, MN 55963  
Phone: 507-356-8933  
Web site: [www.kaatsgymnastics10.com](http://www.kaatsgymnastics10.com)  
E-mail: [kaatsgym10@aol.com](mailto:kaatsgym10@aol.com)**

Gymnasts Name: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone (day) \_\_\_\_\_

Address: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Insurance \_\_\_\_\_

Camp (circle): T-Shirt Size (circle): CS CM CLG AD XSM S M L XL

I fully understand that gymnastic activity may be dangerous and that the gymnast is exposed to the risk of injury. I hereby give permission for my daughter/son listed above to participate in the program and activities at KAATS and release the Club and Coaches from any liability resulting from participation. A Covid assumption of risk form is attached - this **must** be filled out prior to attending camp,

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

Date \_\_\_\_\_

Date received \_\_\_\_\_ Camp Payment received \_\_\_\_\_ Check # \_\_\_\_\_ Staff Initials \_\_\_\_\_