



Grace. Flexibility. Strength. Balance. Beauty.

SUMMER CAMP 2026 REGISTRATION FORM

Participant information:

Name: _____ Birthdate: _____ (D,M,Y)

Age: _____

Address: _____

Number/street apt. City postal code

Home Telephone: _____ E-mail _____

Are there any medical or special needs you would like us to know?

Parent/Guardian Name: _____

Bus. Phone: _____ Mobile Phone: _____

Emergency contact information:

Name: _____

Home Phone: _____ Business Phone: _____ Mobile: _____

\$ 350- full day week (9:00am-3.00pm)

\$ 700- 2 weeks (9:00am-3.00:pm)

\$950 - 3 weeks (9:00am-3.00 pm)

\$ 1100 - 4 weeks (9:00am-3.00:pm)

\$ 1370 - 5 weeks (9:00am-3.00:pm)

\$ 1500 - 6 weeks (9:00am-3.00:pm)

Signature: _____ Date: _____

Parent / Guardian, Gymnast if over 18

Fees are payable by e-transfer: nathaly.vivier@gmail.com.