

**2024 SUMMER REC
REGISTRATION FORM**

Email Form to:
barnesam@aol.com



351 Station Road, Ste. 11
Berryville, Virginia 22611
Margie Barnes
703-309-8787

Name:	DOB:	Age:
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ADDRESS	PARENT/GUARDIAN INFORMATION			
	Parent/Guardian Name	Phone	Email	Emergency Contact? (Y/N)

EMERGENCY CONTACTS (IF DIFFERENT FROM PARENT(S)/GUARDIAN(S) LISTED ABOVE)		
Name	Phone	Email
PICK-UP PERSON(S)		
SPECIAL MEDICAL CONDITIONS/ALLERGIES/ RESTRICTIONS		

Summer 2024 REC weekly rate \$176.	
See rate chart for multiple week rates. Please remember weeks 1 & 10 are not available to REC.	
Sessions attending (check weekly session #'s)	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Total # of weeks	Total Camp Tuition
	Annual Registration Fee
	Total Summer Tuition
	Half total tuitions due by 6/1/2024
	Remaining balance due by 7/1/2024

<i>Additional days/weeks can be paid as you go. Based on availability.</i>			
Level	Week #	Cost	Payment

CC Type	CC #	CC Exp Date	CVV Code	CC Zip Code
I give permission to charge the above credit card on file for any unpaid tuitions not received on time. By signing below I verify that all information is correct, and I agree with the terms stated.				
<i>Print Name on Card</i>		<i>Card Holder Signature</i>		<i>Date</i>

As legal guardian of above participant(s), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports including but not limited to gymnastics, conditioning, group fitness, dance, tumbling, private lessons, birthday parties, open gym, and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any or all programs at REVEL Gymnastics or on any equipment or facility contents and I ACCEPT ALL RISKS associated with that participation. Further I agree that REVEL Gymnastics, along with its employees, agents, and owners shall not be liable for any losses or damages occurring as a result of my child's participation at REVEL Gymnastics.		
<i>Print Name Parent/ Legal Guardian</i>		<i>Signature of Parent/ Legal Guardian</i>
		<i>Date</i>