

2022 SUMMER  
 REGISTRATION FORM  
 email form to  
[barnesam@aol.com](mailto:barnesam@aol.com)



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

Member Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Pick-up Person(s) \_\_\_\_\_  
 Special Medical Conditions/Allergies/  
 Restrictions \_\_\_\_\_

Summer 2020 sessions- Level code \_\_\_\_\_ (PGS, DB, CCCT, TC, REC)  
 Sessions attending (circle) 1 2 3 4 5 6 7 8 9 (Weekly session #'s)  
 Total #of weeks \_\_\_\_\_ Total camp tuition \$ \_\_\_\_\_  
 Annual Registration Fee \$55.00  
 Total Summer tuition \$ \_\_\_\_\_  
 Half total tuitions due by 6/10/2022 \$ \_\_\_\_\_  
 Remaining balance due by 7/1/2021 \$ \_\_\_\_\_

Additional days/weeks can be paid as you go. Based on availability.  
 Level \_\_\_\_\_ Wk# \_\_\_\_\_ Cost \$ \_\_\_\_\_ Payment \_\_\_\_\_  
 Level \_\_\_\_\_ Wk# \_\_\_\_\_ Cost \$ \_\_\_\_\_ Payment \_\_\_\_\_  
 Level \_\_\_\_\_ Wk# \_\_\_\_\_ Cost \$ \_\_\_\_\_ Payment \_\_\_\_\_

Card type \_\_\_\_\_ -Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ V-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.

\_\_\_\_\_  
 Print Name Parent/ Legal Guardian Signature of Parent/ Legal Guardian Date

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.

\_\_\_\_\_  
 Print Name Parent/ Legal Guardian Signature of Parent/ Legal Guardian Date