

2025 SUMMER TEAM
 REGISTRATION FORM
 email form to
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 2025 Level code _____ 4G6PD (min 4/\$864), S23 (min 4/\$832), TT (min 3/\$600)
 Sessions attending (circle weekly session #'s) 1 (no TT) 2 3 4 5 6
 7 8 9 10
 Total #of weeks _____ Total camp tuition \$ _____
 Annual Registration Fee \$60.00
 Total Summer tuition \$ _____
 Half total tuitions due by 6/1/2025 \$ _____
 Remaining balance due by 7/1/2025 \$ _____

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

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 _____