

2025 SUMMER REC  
 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 2025 REC weekly rate \$200. **See rate chart for multiple week rates**  
**Please remember week 1 & 10 not available to REC**

Sessions attending (circle weekly session #'s)

2	3	4	5	6	7	8	9		
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 \_\_\_\_\_  
 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.                      /                      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