

**KAATS GYMNASTICS SUMMER CAMP 2026**

**Dates: JULY 6<sup>th</sup> – 9<sup>th</sup> 2026**

**COST: \$375.00**

**CAMP LEOTARD – PROVIDED**

**Gymnast must provide their own lunch & water bottle**

**AGES 7 YEARS AND UP**

**Schedule:**

**9:00AM - 3:00PM EACH DAY**

**Camp Location (directly off Hwy 52):**

**KAATS Gymnastics, Inc.**

**191 County Road 11 NW**

**Pine Island, MN 55963**

**Phone: 507-356-8933**

**Web site: [www.kaatsgymnastics10.com](http://www.kaatsgymnastics10.com)**

**E-mail: [kaatsgym10@aol.com](mailto:kaatsgym10@aol.com)**

**Gymnasts Name:** \_\_\_\_\_

**Parent(s):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone(day):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Medical Problems:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**GK Leotard Size (circle): CHILD: S M L ADULT: XSM S M L XL**

I fully understand that gymnastic activity may be dangerous and that the gymnast is exposed to the risk of injury. I hereby give permission for my daughter/son listed above to participate in the program and activities at KAATS and release the Club and Coaches from any liability resulting from participation.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date received** \_\_\_\_\_ **Camp Payment received** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_