

**FOR GYMNASTICS PLUS USE ONLY: CAMPER'S NAME:**

AGE: \_\_\_\_\_ M \_\_\_ F \_\_\_

Mini Camp #	Super Camp #	Deposit Received _____ Source _____
		Registration Packet Complete Yes No
		Health Issues:

**2018 Gymnastics Plus Summer *Mini & Super Camp* Registration Form**

M / F

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Male / Female \_\_\_\_\_ Birthday (mm/dd/yyyy) \_\_\_\_\_

CO

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1: Last \_\_\_\_\_ First \_\_\_\_\_

Best Phone # to be contacted at: \_\_\_\_\_ Email Address \_\_\_\_\_

Local Emergency Contact: Last \_\_\_\_\_ First \_\_\_\_\_ Relationship to the Participant \_\_\_\_\_  
This person must be different from #1 above

Best Phone # to be contacted at: \_\_\_\_\_

**PLEASE REGISTER THIS CHILD FOR:**

**CAMP 2 (JUNE 18 – JUNE 22):** \_\_\_\_\_ **CAMP 5 (JULY 23 – JULY 27):** \_\_\_\_\_

**CAMP 4 (JULY 16 – JULY 20):** \_\_\_\_\_ **CAMP 6 (JULY 30 – AUGUST 3):** \_\_\_\_\_

**Payment Options: No credits or refunds.**

**CASH:** Must sign up in person. Do NOT send cash through the mail.

**CHECKS:** All checks must be made payable to GYMNASTICS PLUS. One check may be written for multiple camps. All Deposits are non-refundable. Balance is due the first day of camp.

**CREDIT CARD:** We accept Visa, MasterCard and Discover

Credit Card # \_\_\_\_\_ Exp (DD/MM/YYYY) \_\_\_\_\_ Security Code: \_\_\_\_\_

Print Name as shown on card: \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_



## Gymnastics Plus Parent Policies for Summer Day Camps

### **Completed Registration Packets:**

Gymnastics Plus **requires** that each camper has a completed Camp Registration Packet on file at least one(1) week prior to the start of camp.

### **Sign-In & Sign-Out of Campers:**

All campers attending Gymnastics Plus Summer Day Camps will be **Signed-In** and **Signed-Out** daily at the Front Desk by their Parent/Guardian, or an authorized adult who has been designated to Sign-In or Sign-Out for a camper with the Front Desk Staff.

\*\*Gymnastics Plus does not have extended care options available for campers (before the start of camp or after camp).

### **Policy on Discipline:**

Gymnastics Plus Coaches will attempt to be proactive in discipline. Discipline starts with laying out solid boundaries and rules for safety. For undesired behavior, coaches will follow a warning, timeout, and then meeting with the Camp Director. If a child's behavior hinders other campers or is unsafe for campers, the child will be brought to the Front Desk and a parent/guardian will be called and asked to pick the camper up. If a child's undesired behavior persists after timeouts and help from the parents has been enlisted, they may be unable to return to camp. (No refunds provided.)

\*\*If a camper has been inconsolable about being at camp for 30 minutes straight, Gymnastics Plus will call the campers' parent/guardian to have the camper picked up. Gymnastics Plus is not able to offer one-on-one supervision to any camper.

*Parent/Guardian* \_\_\_\_\_ *Date:* \_\_\_\_\_

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# Gymnastics Plus Camp Medical Form

Child's Name \_\_\_\_\_ Child's age \_\_\_\_\_ Child's weight \_\_\_\_\_

Name of Parent/guardian \_\_\_\_\_

Parent/Guardian's Daytime Phone \_\_\_\_\_ Other phone \_\_\_\_\_

## Allergies – Does your child have any life threatening allergies?

NO  Yes – If yes, please list, describe the severity of the reaction, requested accommodations and what is done to manage them.

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## Medical, Physical or Emotional Conditions (including disabilities) that may affect his/her experience at our camp?

NO  Yes – If yes, please provide information to assist us in providing the best camp experience for your child.

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## Medications (including inhalers)

NO  Yes- If yes, please list \_\_\_\_\_

If your child must take medications while at camp, please note that here. All medications must be in their original containers and be appropriately labeled. We must have an attached letter detailing the medications, doses and administrations instructions for all prescriptions. Please DO NOT give your camper's medication for them to bring to camp; medications MUST be received and held by our Camp Director/Front Desk Staff.

## What have we forgotten to Ask?

(for example, does your child have any reaction to sunscreen?) Please provide any other information about your child's health, which has not been asked on this form that you deem relevant.

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## Campers must be covered by their own medical insurance.

Name of Insurance Company \_\_\_\_\_

Policy/Subscriber # \_\_\_\_\_