

FOR GYMNASTICS PLUS USE ONLY: CAMPER'S NAME:

AGE: _____ M ___ F ___

	Deposit Received _____ Source _____
	Registration Packet Complete Yes No
	Health Issues:

2020 Gymnastics Plus FULL DAY Summer 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:

2020 FULL DAY CAMP #1 (JUNE 8 – JUNE 12) _____

2020 FULL DAY CAMP #4 (JULY 13 – JULY 17) _____

8:30am-3:00pm

No extended care available before or after camp.

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. All Deposits are non-refundable. Balance is due the first day of camp.

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 camper's parent/guardian to have the camper picked up. Gymnastics Plus is not able to offer one-on-one supervision to any camper.

Parent/Guardian Signature: _____ ***Date:*** _____

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Gymnastics Plus Camp Medical Form (Full Day Camps)

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.

Please check the substances the Gymnastics Plus Staff may administer to your child:

___ Tylenol ___ Ibuprofen ___ Antihistamine ___ Tums

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.

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.

Campers must be covered by their own medical insurance.

Name of Insurance Company _____

Policy/Subscriber # _____