



Summer Camp 2018

Please fill out completely and clearly

<p><u>Please check off your selection:</u></p> <p>___ Full Day Camper –Ages 6-12 \$215 per week (9am-4pm)</p> <p>___ Half Day Camper –Ages 4-12 \$160 per week (9am-12 noon)</p> <p><u>*Must turn in registration at LEAST 2 weeks prior to camp weeks wanted.</u></p> <p><u>Multi-Child Discount:</u> Take 10% off second child's camp fee</p>	<p><u>Before and After Care:</u></p> <p>Before Care (8 am) \$20 per week (per child) – After Care (5 pm) \$20 per week (per child) OR \$35 per week for both Before and After Care (per child)</p> <p><u>Registration Fee:</u> A \$20 registration fee is required for all full day campers which will help to cover his/her swimming pool pass.</p> <p>**WEEK OF JULY 2 – 6 does NOT have camp <i>Sign up & Pay by June 1 & get \$20 off each week you pay for in full</i></p>	<p><u>Deposit: (non-refundable)</u> A \$50 deposit per week for full day campers and a \$25 deposit per week for half day campers are required to hold each camper's spot.</p> <p><u>Balances:</u> Balances owed are due no later than the Monday morning of the camp week your child is attending.</p> <p><u>Required Papers:</u> All 3 items must be turned in to participate in camp. 1) A current Dr. Physical form 2) Camp Registration form 3) field trip permission form</p>
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Please select which week(s) your child will attend:

Check off your selection:	Dates are M-F	Before Care (8am)	After Care (5 pm)	Weekly camp total	Deposit Paid per week	Remaining amount owed & payment
	June 18– 22					
	June 25 – 29					
NO CAMP	**July 2 - 6	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP
	July 9 -13					
	July 16 - 20					
	July 23 – 27					
	July 30 – Aug 3					
	Aug 6 – 10					
	August 13 – 17					
	TOTAL:					

Camper's Name: _____ DOB: ___/___/___

Home Phone #: _____ Cell Phone #: _____

E-mail : _____

Address: _____ City: _____ ZIP: _____

Mother's Name: _____ Father's Name: _____

Other Emergency Contact: _____ Phone #: _____

(Relationship) _____

Family Physician: _____ Phone #: _____

Medical Problems, Taking Medications, Allergies: _____

Full Day Campers Only: Please rate your child's swimming ability level (circle choice):

*1=Beginner, 3=Intermediate, 5= Excellent 1 2 3 4 5 *Child must bring own Coast Guard approved lifejacket if needed

I hereby certify that the person/s enrolled in this program is/are able to participate in this program without any restrictions. It is out policy at All Stars Gymnastics & Cheering Academy that you use and provide your own insurance at all times. I understand gymnastics and all programs here, involve flight, rotation, and motion (forward and backward), therefore presenting an evidence of risk of serious injury or even death. It is furthermore understood that All Stars Gymnastics & Cheering Academy LLC will not be responsible or liable for injuries, loss of personal property and accidents that may occur during your stay here. I will allow my child/ren photo to be included in advertising, bulletin boards, brochures and newsletters. I recognize by signing this waiver, I will abide by and agree on all rules, procedures and policies of All Stars Gymnastics & Cheering Academy.

All Stars Gymnastics Summer Camp does not have a licensed nurse on staff; however, if a child requires use of an inhaler or epi-pen or needs to be administered a prescription during the camp day, then our staff is trained to handle the situation. Prior to our staff administering any medicine, a parent/guardian will need to fill out an "Authorization for the Administration of Medication" form that requires a doctor's signature. We will only accept medication in its original container with appropriate labels and current dates.

Parent/Guardian Signature X _____