

ANCIENT CITY GYMNASTICS SUMMER CAMP

REGISTRATION FORM

CAMPER #1: _____ BIRTHDAY _____ GRADE _____

CAMPER #2: _____ BIRTHDAY _____ GRADE _____

PARENT/GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP CODE _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: NAME: _____ NUMBER: _____

How did you hear about our camp? _____

CAMP HOURS - 7:30am-5:30pm

5 DAYS A WEEK -- \$150.00 | 4 DAYS A WEEK -- \$130.00 | 3 DAYS A WEEK -- \$120.00

2 DAYS A WEEK -- \$80.00 | 1 DAY A WEEK - \$40.00

SIBLING DISCOUNT: Under \$100 = \$5.00 | \$100 & more = \$10.00

There is a \$10 NON refundable deposit per camper for each week of camp you register for

****This will guarantee your child a spot****

A \$20.00 FEE PER CAMPER IS DUE AT THE TIME OF REGISTRATION. THERE ARE NO SIBLING DISCOUNTS ON THIS FEE.

Sign up and pay for 1 (one) full week of Camp on or before MAY 28, 2015 and we will waive the \$20.00 Registration Fee!!!

*One (1) Snack provided | *Must bring your own lunch | *Must supply one (1) package of wipes on 1st day of camp

CIRCLE THE WEEK(S) & DAY(S) BELOW THAT YOU WOULD LIKE TO REGISTER FOR

WEEK ONE: JUNE 5TH

F

WEEK TWO: JUNE 8TH – 12TH

M T W TH F

WEEK THREE: JUNE 15TH – 19TH

M T W TH F

WEEK FOUR: JUNE 22TH - 26TH

M T W TH F

WEEK FIVE: JUNE 29TH - 3RD

M T W TH F

WEEK SIX: JULY 6TH – 10TH

M T W TH F

WEEK SEVEN: JULY 13TH – 17TH

M T W TH F

WEEK EIGHT: JULY 20ST- 24TH

M T W TH F

WEEK 9: JULY 27TH – JULY 31ST

M T W TH F

WEEK TEN: AUGUST 3RD – 7TH

M T W TH F

*****Remember if you circle it you MUST pay the \$10.00 NON REFUNDABLE deposit to hold your spot**

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CAMPER PICK UP AUTHORIZATION:

Parent/Guardian Authorization Signature _____

1. Name _____ Relationship _____ # _____

2. Name _____ Relationship _____ # _____

3. Name _____ Relationship _____ # _____

4. Name _____ Relationship _____ # _____

Health Information

Please advise us of any learning disabilities, emotional, or physical conditions to assist us in providing the best camp experience for your child:

List any or all medications which your child will bring with him/her to camp:

Medication:

Medical Condition:

To Be Given When/How:

Food

Allergies or Dietary Restrictions:

List other Allergies (include insect stings, hay fever, asthma, animal dander, etc.):

____ Please check here if the participant is not covered under any insurance policy. Please be aware that any and all bills will be sent directly to the above listed parent/guardian.

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EMERGENCY TREATMENT INFORMATION

PLEASE READ AND SIGN BELOW

Informed Consent for Emergency Treatment: In the case of an emergency and if I cannot be reached, I authorize the staff of Ancient City Gymnastics to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

IMPORTANT INFORMATION

REFUNDS:

Refunds are only available on a camp credit basis that can be redeemed at a later time and are only offered to campers that undergo a severe illness or if a natural disaster occurs (Hurricane, Tropical Storms, etc.). Refunds will be made only to the original payee and may not be used by someone else.

ABSENCES:

Refunds are not available for vacations, special events, short term illnesses of four (4) days or less or other personal commitments that prevent attendance. However, a refund may be available for an extended illness if the student is absent the entire week. A note from the hospital/doctor and written note from the parent or guardian explaining the situation must be received in order to approve a camp credit refund.

DISMISSAL FROM CAMP:

There are times when the camp must dismiss a child due to a psychological, emotional, or physical disability that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper (if appropriate), and the Camp Director. Dismissal for the aforementioned reasons will result in a complete refund for the unused days. On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, camper (if appropriate), and the Camp Director. If a camper is dismissed for disciplinary reasons, there will be NO REFUND for the unused days.

MANDATED REPORTING:

Ancient City Summer Camp employees are mandated, by Florida State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprising supervisors, we cannot, by law, require our employees to disclose his or her identity to anyone.

PAYMENTS:

All weekly payments are due Monday morning of each week. NO EXCEPTIONS!

MISSED CAMP CLASSES: I understand there is no credit given or make ups for missed camp days. **INT:** _____

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PHOTO CONSENT:

Any photographs taken of the campers by Camp Staff or their representatives are used for editorial and/or promotional uses only. If you feel you don't want your child's photo to be taken, please submit your concern in writing to the camp director.

I acknowledge that I have read Ancient City Gymnastics Camp Policies and that I accept its conditions, hereby relieving Ancient City Gymnastics and its employees of all legal claims

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

TRANSPORTATION WAIVER

I acknowledge that my child will be participating in activities, field trips, and events organized by the Ancient City Gymnastics Camp program that take place off site. I give permission for my child to travel by Ancient City Gymnastics registered vehicles to the desired destinations.

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THIS WAIVER PRIOR TO SIGNING BELOW.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Child's Name: _____

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GENERAL WAIVER

I, the undersigned, the parent/guardian of the child named below; do hereby consent to this child's participation in the 2014 Ancient City Gymnastics Summer Camp program. I acknowledge that participation in this program involves light to vigorous activity and includes the possibility of injury. I am aware that there are inherent risks associated with participation in the Ancient City Gymnastics Summer Camp program, parties, and/or use of the gym equipment, and inflatable equipment, and I, on behalf of myself and the participants(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the child named below is safe from further injury. I am aware of no physical or other reasons why this child should not participate in camp programs and related camp functions. I will impress upon the child the importance of following camp rules, regulations, and instructor's directions. In consideration of the camp allowing this child to participate in camp programs, I agree to hereby release and hold harmless, Ancient City Gymnastics their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against all claims, injuries, liabilities, or damages arising out of or related to our participation in any and all summer camp activities, parties, the use of the gym area, and /or inflatable equipment.

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THIS WAIVER PRIOR TO SIGNING BELOW.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Child's Name: _____

Child's Name: _____

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IMPORTANT CAMP POLICIES AND RULES

Please initial each number below

1. _____ **PERSONAL LUNCHES** - Campers must bring a lunch that does not need to be heated. Microwaves are not available.

2. _____ **ELECTRONICS** - Our program is designed to keep campers engaged, busy and having fun making new friends. One of the greatest benefits of a summer camp experience is the opportunity to develop and grow important social skills. Every child has a different level of comfort in this area and interaction for all of these kids is much easier and more natural without the distraction of computers, video games and other electronic devices. You are essentially transferring the primary care of your child to our staff and we take that very seriously. We are here to provide a safe and guided environment for kids to learn and grow, and ultimately navigate their own challenges. This is a much easier task without the distraction of electronic devices.

3. _____ **CELL PHONES** – The use of cell phones is prohibited during camp hours. When your child comes to ACG, you and they take a leap of faith and transfer primary care from you, as parents, to our staff. Children learn to trust other caring, well-trained adults who are concerned about their health, safety, and friendships. Under the supervision of our staff, children learn, grow, and become more independent. In the event your child is having trouble adjusting, if any health issues arise, or if there is an urgent message that needs to get to the parents the staff will make sure that happens.

4. _____ **CHANGE OF CLOTHES**- Each camper is required to bring a change of clothes sealed in a plastic baggie with their name on it.

5. _____ **TOWEL** – All campers must bring a towel daily (*please write your child's name on it)

6. _____ **BLANKET** – All pre school campers must bring a blanket to camp daily (please write your child's name on it)

Office Use Only:

Reviewed by: _____

Total cost: _____ Deposit: _____

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LATE PICK-UP POLICY

*****PLEASE READ CAREFULLY BEFORE YOU SIGN*****

Here at Ancient City Gymnastics we have experienced many late pick-ups by parents. While we understand that traffic or just plain life can sometimes make a person late, please keep in mind that with each parent being late only once per week has, in past summers, resulted in the Coaches, counselors etc.... being kept waiting every single day.

In addition to your child becoming upset if you do not arrive as usual, please remember that our staff have their own responsibilities and commitments to attend to after camp. Because traffic and other outside factors are always unpredictable, allowing a margin in your travel time is key.

Since the primary responsibility of Ancient City Gymnastics is your child's protection and well-being, the following policy has now been set in place in the event that you do not pick up or arrange to have someone pick up your child at the end of camp:

1. Ancient City Gymnastics will attempt to reach all emergency contact numbers, including parents or guardians at home, work and cell phone numbers, as provided by parent/guardian on the child's registration form.
2. It is your responsibility as parents or guardians to provide the number of any and all persons who you authorize to pick up your child and to keep Ancient City Gymnastics informed of any changes in these contact numbers.
3. If Ancient City Gymnastics is unable to reach anyone at any of the contact numbers provided by the parent/guardian, and one-half hour has elapsed, Ancient City Gymnastics will unfortunately need to call outside authorities.
4. A late fee of \$5.00 per child will be assessed after the first 5 minutes and an additional \$1.00 per child for every minute after that will be assessed until your child is picked up. An invoice will be sent via email. This fee must be paid in full upon your child's next day at camp. A past-due fee of \$5 will be added each time we must re-invoice you.
5. Under all circumstances, the staff of Ancient City Gymnastics shall not hold your child responsible in any way for the late pick up, and discussion of this issue will only be with the parent or guardian and never with your child.
6. If you know you are going to be late please be courteous and call, although you will still be charged accordingly it will lessen the worry.

Parent or Guardian Name (please print)

Date

Parent or Guardian Signature

Staff Signature / date