

Orlando Gymnastics Summer Camp 2012

11821 S. Orange Blossom Trail Suite A, Orlando, FL 32837 407.850.4123

Camper Name _____

Male or Female _____ Birth date ____/____/____ Age as of camp ____ Email _____

Level of gymnastics experience (please circle): Beginner Intermediate Advanced

Weeks attending (please check mark) – **Full Day (8am-6pm):**

Week 1 _____	June 11 th -15 th	Please check here for Preschool (9am-noon): _____
Week 2 _____	June 18 th -22 nd	Please check here for Preschool (9am-noon): _____
Week 3 _____	June 25 th -29 th	Please check here for Preschool (9am-noon): _____
Week 4 _____	July 2 nd -6 th	Please check here for Preschool (9am-noon): _____
Week 5 _____	July 9 th -13 th	Please check here for Preschool (9am-noon): _____
Week 6 _____	July 16 th -20 th	Please check here for Preschool (9am-noon): _____
Week 7 _____	July 23 rd -27 th	Please check here for Preschool (9am-noon): _____
Week 8 _____	July 30 th -Aug 3 rd	Please check here for Preschool (9am-noon): _____
Week 9 _____	Aug 6 th -10 th	Please check here for Preschool (9am-noon): _____
Week 10 _____	Aug 13 th -17 th	Please check here for Preschool (9am-noon): _____

TOTAL: \$ _____

Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Mother's Full Name: _____ Day Phone: _____

Father's Full Name: _____ Day Phone: _____

Emergency Contact Name and Relation to Camper _____

Emergency Phone: _____

Please list all known allergies: Foods, Medications or Other Allergies

Please list any additional information about your child's behavior, participation restrictions, emotional, physical or mental health that our staff needs to be aware of to aid in making your child's stay the best it can be.

Please list all persons who are allowed to SIGN OUT your child from camp. Your child will not be released unless the pick-up person is listed on this form.

All campers are required to be covered under their own or their families insurance policy.

Insurance Company Name _____ Policy # _____

Policy Holder Name _____ Family Physician _____ Phone _____

FOR OFFICE USE ONLY:

Deposit amount: \$ _____ Date deposit paid: _____
Balance: \$ _____ Balance due date: _____
Entered into system: _____ Initials: _____



Please read the following information carefully, then sign below and return this form to Orlando Gymnastics.

- Eligibility: I agree to comply with the rules and policies of **Orlando Gymnastics**.
- Medical attention: I hereby give my consent to **Orlando Gymnastics** to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.
- Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics, cheerleading, martial arts, dance and all related activities and events, as well as the risks involved in transportation to and from camp sponsored activities.
- I hereby give permission to the representatives of **Orlando Gymnastics** to transport my child to and from camp sponsored activities.
- I agree that **Orlando Gymnastics**, and the sponsor of any **Orlando Gymnastics** event along with the employees, agents, officers, directors and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event, or in the transportation to and from camp sponsored activities. I assume all risks associated with participation in the sport of gymnastics, cheerleading, martial arts, dance, and related activities, including any accidental injury that may be sustained as a result of, or incidental to gymnastics, cheerleading, martial arts and dance instruction, or transportation to and from camp sponsored activities, now or any time in the future, seen or unforeseen. I hereby release **Orlando Gymnastics**, its owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **Orlando Gymnastics**, in or upon the premises of **Orlando Gymnastics**, or at any camp sponsored activity. **Orlando Gymnastics** recommends a Doctor's physical for participation in gymnastics and cheerleading for your child's benefit.
- I am fully aware that it is my responsibility to notify **Orlando Gymnastics** of any physical, psychological, mental or medical disabilities that would affect the camper's participation in any aspect of the camp programs.

Please initial each policy:

- _____ A \$50 deposit is due at sign up. The remaining payment will be charged to your card on the Friday 2 weeks prior to your child attending camp. We must receive payment with the balance due by the Friday 2 weeks prior to your child attending camp or you may lose your child's spot.
- _____ **CANCELLATION:** Any schedule changes/cancellations made with more than 30 days notice of your child's first day of camp will receive a refund or credit. **Any schedule changes/cancellations made with less than 14 days notice of your child's first day of camp will receive no refund or credit.**
- _____ There are no make up days, credits, or refunds if your child misses a day of camp.
- _____ All campers' guardians must **sign in** each day at the reception area prior to the start of the camp day. All campers' guardians must **sign out** before leaving the building at the end of the camp day.
- _____ If a guardian is more than 15 minutes late to pick up their camper, a **\$10 late pick-up fee** will be charged. Preschool pick-up is at 12 noon, full day campers' pick-up is at 6pm.

Parent/Guardian Signature _____ **Date** _____