



Summer Camp 2021

Please fill out completely and clearly

<p><u>Please check off your selection:</u></p> <p>___ Full Day Camper –Ages 6-12 \$230 per week (9am-4pm)</p> <p>___ Half Day Camper –Ages 4-12 \$175 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) \$10 each time (per child) – After Care (5 pm) \$10 each time (per child)</p> <p style="text-align: center;">OR</p> <p>\$50 unlimited that week (per child)</p> <p><u>Registration Fee:</u> A \$20 registration fee</p> <p><u>Required Papers:</u> All 3 items must be turned in to participate in camp.</p> <ol style="list-style-type: none"> 1) A current Dr. Physical form 2) Camp Registration form 3) Authorization to administer meds if needed 	<p><u>Deposit: (non-refundable)</u> A \$50 deposit per week deposit per week for each camper plus registration fee is needed to deposit 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>
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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 21 - 25					
	June 29 – July 2					
	July 5 - 9					
	July 12 - 16					
	July 19 - 23					
	July 26 - 30					
	Aug 2 - 6					
	Aug 9 - 13					
	August 16 - 20					
	TOTAL:					

CAMPERS INFO:

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: _____

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 _____