

Summer Fitness



PARENT PACKET

PLEASE RETURN TO FRONT DESK

•recision

Gymnastics

Please complete all
information in this packet
and return it to the front
desk no later than the
WEDNESDAY BEFORE your
child is to start camp.

Thank you!

**Precision Gymnastics
Day Camp Parent Permission Form 2011**

STUDENT INFORMATION

Student's Name: _____ Home Phone: _____

Address: _____

City: _____ Zip: _____

Date of Birth: _____ Age: _____

EMERGENCY INFORMATION AND PARENTAL CONSENT

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Precision Gymnastics' staff to secure proper treatment for my child as named above. I affirm that my child is physically able to participate in camp activities.

I have read and fully agree with all the terms of registration as stated in the camp and gym literature, and on this enrollment form. I understand and assume the risk involved in physical activities and give my/our permission for my child to participate in Precision Gymnastics' activities

Signature of Parent or Guardian

FAMILY INFORMATION

Father's Name: _____ **Home #** _____

Work #: _____ **Cell #:** _____

Mother's Name: _____ **Home #** _____

Work #: _____ **Cell #:** _____

Family E-mail Address _____

MEDICAL INFORMATION

Family Doctor: _____ **Phone #:** _____

Medical Insurance Carrier: _____

Please note any special accommodations, medical conditions, allergies, or medications we should be aware of for your child's safety.

PICK UP AUTHORIZATION INFORMATION

I/We authorize the following person(s) to pick up my/our child from Precision Gymnastics' Day Camp in my/our absence. The following person(s) **must be over 16 years of age.**

***Staff will request identification of those requesting release of the child. ***

Name: _____ Phone Number: _____

Relation to child: _____

Name: _____ Phone Number: _____

Relation to child: _____

Signature of Parent or Guardian

RULES FOR DAY CAMP

1. Must always listen to Precision Gymnastics' instructions and follow gym rules.
2. No foul language.
3. Campers are not allowed in the office.
4. No fighting.
5. Ask permission before you use someone else's belongings.
6. Climbing on the walls, bushes and trees is not allowed.
7. Keep your hands to yourself.
8. Respect your coaches and fellow day campers.
9. Treat others the way you want others to treat you.
10. No gum, food or drinks other than water inside the gym.
11. No electronic games will be allowed except during the hours of 5-6pm.

All children need a bag for their belongings. We are not responsible for any lost or damaged items your child brings to day camp.

Signature of Parent or Guardian

Signature of Camper

PAYMENT POLICY AND PERMISSION

Are G or PG movies acceptable for your child? (Please circle) YES / NO
(Only G or PG rated movie will be viewed)

I/We understand the payment(s) made toward camp is ***non refundable*** and cannot be applied to any other services or programs. The front desk must be notified 7 days in advance of the start of each week to confirm availability. The deposit and camp fee cannot be transferred to another family.

I/We understand that my child will not be permitted to sign him/herself out of the program and must wait inside to be picked up.

I/We understand and agree to pay a late pick up charge if any participant is picked up after 5:00pm. The extended care fee will be applied. An additional fee of \$10.00 per half hour and \$20.00 per hour will be charged after 5:00pm. This must be paid at the front desk of Precision Gymnastics at the time of pickup. Extended care is available (upon request in advance).

I/We understand that if the remaining balance for my scheduled week of camp is not paid by 12:00 noon on the Friday prior to the start of my scheduled camp day(s), my/our credit card will automatically be charged the remaining balance.

Signature of Parent or Guardian

Credit Card Information

Please check one:

- Visa MasterCard American Express Discover

Name on Credit Card Billing Zip Code CVC Code House # of Billing Address

Credit Card Number Expiration Date

Signature of Card Holder Phone Number of Card Holder