Connections Gymnastics Summer Camp Registration Form

1100 ROUTE 130 ROBBINSVILLE (609) 259-8822

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PLEASE PRINT LAST NAME:		FIRST:		SEX:BIRTHDATE:		AGE:
ADDRESS:	- Cu			- Cu	7.	
	Street		City		ate Zip	
PARENT/GUARDIAN: EMERGENCY CONTACT:		HOME		PHONE:	CELL:	
EMERGENCY C	CONTACT:	PH0	ONE:	email:_		
		CHOOSE YO		SCHEDULE		
CAMP BY THE DAY:		CAMP BY THE WEEK:		I	1.400/	
½ DAY - \$40 FULL DAY - \$60		½ DAY - \$185 FULL DAY - \$260		ADDITIO	8 10%	
Indicate ½ or	your week(s). If full day attenda		stration fee i	is due if not cur		
<u>WEEK</u> #1 June 2	5 - Iuma 20	1/ f .,11	<u>WEEK</u> #≅	<u>·</u> July 23 - Ju	l., 97	1/ f .,11
	25 - June 29 3, 5, 6			July 30 - Au		
	- July 13			August 6 - Au		
•	6 - July 20			August 13- Au		½ full
· ·	•		#9	August 20- Au		½ only
	-Off \$6/day 7:30a gs \$1.00/hr. each child			Pick-Up \$5/hr		pm
 		FOR OF	FICE USE ON			
Week <u>#</u> 	Payment Description	Amount Due	Amount Pai	d How Paid	Receipt #	Balance
<u> </u>	Reg. Fee	<u> 15</u>				
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MINOR CONSENT AND	ASSUMPTION OF RISK STATEMENT
trampolining and exercise. I understand that calconduct of the activity. I hereby consent to on equipment owned and/or used by Connection child adopted or otherwise, my heirs and execut may have at any time against Connections Gymdamages in connection with my association with Gymnastics School, Inc.	es which can occur in gymnastics and activities involving movement, tastrophic injury, paralysis, or even death can result from improper(camper's name) participating in activities as Gymnastics School, Inc. and hereby agree that I, for myself, my tors, waive and release any and all rights and claims for damages that mastics School, Inc. or its agents and representatives for injury or h or entry in gymnastics or other activities sponsored by Connections
MED	OICAL INFORMATION
Please list any (medical and/or behavioral) cond	litions to which we should be alerted (i.e.: allergies with action to be nedications taken regularly). Please list past injuries and locations
I,	esion for Medical Treatment, authorize the necessary steps regarding medical attention (i.e.: fir to be admitted to hospital) and will allow authorized hospital staff to as.
Parent's Signature:	Date:
Doctor's Name:	Phone: Policy: agree to the following policies:
Returned Checks: A \$25.00 charge will be due cash would be required at that time since we do	on any checks returned to us from the bank for any reason. Payment i
- · · · · · · · · · · · · · · · · · · ·	he week(s) attending. A \$25.00 non-refundable deposit is required for d to make-up any camp absences. There is no pro-rating of fees for
skirts are not permitted. Jewelry is not permitted prepared with long hair pulled back. For your of	astic waistband gym shorts with a tucked in t-shirt. Ballet tights and ed with the exception of small post earrings. Please come to camp child's safety; watches, necklaces, and bracelets must be removed. socks. No jeans or any clothes with metal such as zippers and snaps.

I have read and will abide the above camp policies:_______Date:______

<u>A Few Simple Rules:</u> We cannot be responsible for unattended children. Please drop off and pick up your child on time. Children are not permitted to wait outside of the building. Be considerate of others in the waiting room; No roughhousing or running will be permitted. If you have any questions, please call or stop into the office. Thank you.

NO ONE MAY ENTER THE GYM TO USE THE EQUIPMENT UNLESS UNDER THE DIRECT SUPERVISION OF AN INSTRUCTOR.