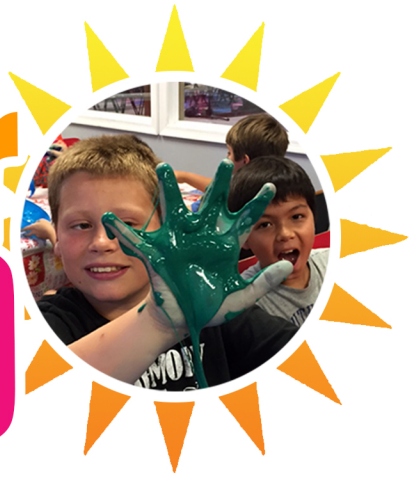
2017 Summer Camp



Dear Camp Family:

In an effort to help you complete and return the correct forms for your child's camp registration, please follow the check list below.

Child's Name _____

To be returned:

____ Camper Information, Health History, Medication/Treatment Authorization (Page 2)
____ Permission Authorization, Pickup Authorization (Page 3)
____ Health History
____ Immunization Record

If you have any questions or concerns regarding completing the forms, please do not hesitate to contact the camp director. All forms must be completed for your child to attend camp. Please bring back the checklist to review with the camp director.

Everest Gymnastics & Tumbling Center

Call (609) 748-2186

319 E. Jimmie Leeds Rd. Galloway www.everestgymnastics.com

CAMPER INFORMATION

Child's Name _____ DOB _____
Grade Entering in Sept. _____ Child's Address _____
Email _____
Parent #1 Name _____ Home Number _____
Work Number _____ Cell Number _____
Parent #2 Name _____ Home Number _____
Work Number _____ Cell Number _____
If not available in an emergency, please notify:
Name: _____ Phone Number _____

THIS SECTION MUST BE COMPLETED BY A PARENT/GUARDIAN AND/OR PHYSICIAN. PLEASE ATTACH A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORD.

HEALTH HISTORY
Allergies _____ Treatment _____
Allergies _____ Treatment _____
Dietary modifications _____ Disabilities _____
Chronic Recurring Illnesses _____ Activity Limitations _____
Current Medications _____
Any other known mental or physical conditions _____
Name of Physician _____ Date of Last Physical Exam _____
Address _____ Phone _____

This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. ____

EMERGENCY AUTHORIZATION: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. This form may be photocopied. ____

MEDICATION/TREATMENT AUTHORIZATION

State licensing requirements permit day camp facilities to administer medications under the following guidelines:

- All medications shall be administered only with the written approval of a parent or guardian.
- Prescription medications shall be administered only as directed on the label or as other-wise authorized by a physician.
- Over the counter medications will be administered only with a medical doctor's written orders.
- Medications must be stored in their original container. The container must have the patient's name, amount to be administered, and date of expiration.

Please provide the following information:
Child's Name: _____
Medical Problem: _____
Name of Medication: _____ Amount: _____
Method of Administration: _____
Times/Frequency: _____ Dosage: _____
Dates of Administration: _____
Is the problem chronic or ongoing? Yes ____ No ____
Parent/Guardian Signature: _____
I hereby acknowledge that my child DOES NOT need to be administered any medications at this time.
PARENT NAME: _____ DATE: _____

PERMISSION AUTHORIZATION (please initial where indicated)

As the parent/guardian of _____ , I give permission for my child to participate in Everest Gymnastics programs and activities. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities._____

If an accident or sudden illness occurs, my child will be treated on the premises of Everest Gymnastics by the staff with emergency first aid procedures. I understand that I will be notified immediately, and will be required to pick up my child or send a reliable person in my place. _____

Emergency treatment for my child will be obtained in my absence by Everest staff and its agents or whatever kind is deemed necessary and in his/her interest to protect the life, health and well-being of said son/daughter. I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. Transportation by any necessary means to obtain such medical care of assistance for my child, as circumstances may require in the discretion of Everest Gymnastics staff, its employees or agents, is hereby authorized. _____

Prescription medication may be given to my child by the staff at specific times if deemed needed according to the parent. I understand that I must sign a statement at each illness, giving Everest specific instructions and permission. _____

I have read the registration agreement and have received the Policies and Procedures and agree to abide by said policies. _____

I have read and received Everest's Gym Safety & Rules document. _____

As the parent/guardian of _____ , have read and understood the above. ____

PICK-UP AUTHORIZATION

As the parent/guardian of _____ , I grant the authority to pick up said child from Everest Gymnastics.

Additional Emergency Contacts/Authorized Pick-Ups:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In order for the staff of Everest Gymnastics to release your child to any of the above persons, the office must be notified prior to pick-up. These persons must show identification.

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

If desired, please designate one or more persons to act "in loco parentis". This person may receive confidential information about your child's day, if necessary, as well as sign any accident/incident/illness reports and permission slips.

I hereby permit, consent and authorize photographs and/or videos made of my child while at Everest Gymnastics as an individual or part of a group, with or without text in Everest publications. _____

GYM SAFETY & RULES

- Unsupervised children are not allowed in the gym or on the equipment at any time. Parents are not permitted to be on the equipment at any time.
- Parents, DO NOT drop off your child(ren) before the start of camp and leave them here unattended.
- For the safety of your child(ren), please escort him/her into the building for drop off and come inside the building for pickup at the of camp. No child will be allowed to wait outside. You must sign your child in and sign out at the Front Desk.
- Please let us know who will be picking up your child from camp if it is someone other than a parent.

WHAT TO PACK/DROP OFF & PICK UP

HALF DAY: Pack comfortable clothes, snacks & drinks.

FULL DAY: Pack comfortable clothes, bathing suit, towel, sunscreen, lunch, snacks & drinks.

- Drop Off & Pick Up: Full Day drop off is no earlier than 8:50am and pickup is 4:00pm. Half day drop off is no earlier than 8:50am and pickup is 12:30pm (mornings) and afternoon drop off is not prior to 12:20pm and pickup no later than 4pm. Any student that is dropped off prior to 7:50 will be charged an early drop off fee, and if children are picked up later than the scheduled time, they will be charged a late pickup fee.
- Late pickup ends at 6:00pm. You must indicate if late pick up is required on the registration form.
- All allergies should be brought to our attention at the time of signup. Any necessary medications for allergic reactions such as an epi-pen or inhaler should be labeled with the child's name on it and should be given to the Front Desk for the day. All medications must be picked up at the end of the students day.

PAYMENT INFORMATION

- The camp week must be paid in full before the start of the week. Deposits are non-refundable but are transferable to another week of camp. Aftercare can be paid at the end of your child's camp week. Cash is preferred for Aftercare payments.
- REFUNDS/CREDITS: All refunds are given in the form of account credits. Credits are only given with advanced notice of one-week prior to the start of the camp week. Refunds are given to students with a valid Doctor's note excusing the child's absence from camp.

WE ACCEPT THE FOLLOWING METHODS OF PAYMENT: cash, check, Visa, Mastercard, Discover, AmEx. Please make checks payable to: Everest Gymnastics.

Thank you for all your cooperation and support. We ask that you please sign below to indicate that you have read and understand all of the policies above and will abide by them. In order to ensure the best possible experience for your child, we need EVERY family member (parents, students, & siblings) to follow these policies.

CHILD #1: _____

CHILD #2 _____

CHILD #3 _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____