

5280 Gymnastics'

# Spring Day Camp

Hi parents! Welcome to 5280's Summer Day Camp. Our camp provides children with a safe environment to experience gymnastics, athletic games, arts and crafts, music, and plenty of fun. Our qualified coaches and staff are committed to giving your child an exciting and rewarding camp experience. Space is limited, so please sign-up in the office as soon as possible!

## DAY CAMP – IN A NUTSHELL...

At the start of each day, parents should come into the gym with the camper and sign him or her in on our sign-in sheet. Likewise, at the end of the day, campers must be signed out. If a child is to be picked up by anyone other than his or her parent, that person should be on that family's approved pick-up list. This will help us run a safe and organized camp.

Campers will spend the day doing group games, structured gym play, crafts and activities. They will also have approximately 45 minutes of gymnastics training in the morning, and 45 minutes in the afternoon. Campers should wear comfortable clothing (no jeans please!) and dress in layers, as they may get hot or cold during different activities. Lunch will be around noon, with snacks given mid-morning and mid-afternoon. We will provide the snacks, but **parents are responsible for sending campers with a BAG LUNCH**. Please remember to mark on the camp waiver if your child has any food allergies we should know about!

In order to maintain a safe environment, campers are expected to behave and follow the rules set by coaches and staff. They should act respectfully toward other campers and coaches. Campers who repeatedly break rules will have their parents called and be asked to leave.

## PRICING

HALF DAY AM	9AM – 12:30PM	\$20
HALF DAY PM	12:30PM - 4PM	\$20
FULL DAY	9AM - 4PM	\$35
EXTENDED DAY	7:30AM – 5:30PM	\$45

## DISCOUNTS

5 FULL DAYS	\$150
5 EXTENDED DAYS	\$200
SIBLING DISCOUNT	10% OFF 2 <sup>nd</sup> CHILD
EXTRA HOURS (between 7:30 – 5:30)	\$5 PER HOUR

**Camp must be prepaid in full, with length of day predetermined so that we may staff appropriately.**

## DATES

Monday, March 29<sup>th</sup> – Friday, April 2<sup>nd</sup>

A minimum number of participants is required to run camp each week. Dates and times are subject to change if the minimum is not met.

# TERMS AND CONDITIONS – Day Camp

**Camper's Name:** \_\_\_\_\_

Please Initial:

\_\_\_\_\_ **PAYMENT:** Payment is required at the time of sign-up, and is non-refundable. Please understand that in order to guarantee a safe camper/coach ratio, we need to plan for an exact number of students.

\_\_\_\_\_ **SIGN-IN:** Parents must sign campers in and out each day. This is for your child's safety! If you are planning to have another person pick up your child, please remember to add that person to your approved pick-up list.

\_\_\_\_\_ **BEHAVIOR:** Campers are expected to adhere to the rules and respect others at all times. This is the **ONLY** way we can ensure a safe environment for everyone. Campers who repeatedly break the rules will have their parents called and be asked to leave.

\_\_\_\_\_ **LUNCH:** Please remember to pack your child a lunch, or he or she may end up very hungry!

\_\_\_\_\_ **PICK-UP:** All campers should be picked-up at their designated time. Late pick-ups will result in additional charges.

I have read and agree to the above terms.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name)

# CAMPER INFORMATION SHEET

Students First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Current Age: \_\_\_ Gender \_\_\_\_\_ Grade \_\_\_ School \_\_\_\_\_

Previous gymnastics experience: \_\_\_\_\_

Medical Conditions/Allergies (if any): \_\_\_\_\_

Days Attending \_\_\_\_\_

## PARENT / GUARDIAN INFO

Mother's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_  
(not mom or dad)

## FAMILY APPROVED PICK-UP LIST

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone Number)

The people listed above have my permission to pick-up my child from camp.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

**5280 GYMNASTICS CAMP  
WAIVER/MEDICAL RELEASE FORM**

Please read the following carefully and sign below. Fill in all the blanks.

**Camper Agreement and Information.**

In consideration of my participation in gymnastics classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of 5280 Gymnastics.
2. **Readiness to Participate:** I will only participate in those 5280 Gymnastics classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. **Medical attention:** I hereby give my consent to 5280 Gymnastics and/or the host organization to provide through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I further agree that 5280 Gymnastics and the sponsor of any gymnastics event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

\_\_\_\_\_ **Summer Camp** will be considered a 5280 Gymnastics activity therefore all above  
(please initial) information will be held true and authorized by the parent/guardian signature below.

I am covered by primary health/medical/accident Insurance through:

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

For any athlete who is not yet 18 years old: As a legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by 5280 gymnastics.

Signature of Parent/Guardian

Date:

\_\_\_\_\_

**PLEASE PRINT BELOW**

Printed Name of Parent/Guardian

**Name** of Camper

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact **Name** and **Phone Number**  
(NOT MOM OR DAD)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_