

# The Cary School of Gymnastics Summer Registration Form 2013

\*How did you hear about us? web \_\_\_ referral name \_\_\_ other \_\_\_

Please print neatly and fill out all fields

<b>Family Last Name:</b>			
<small>(Name your account will be listed under. If child's last name is different from yours, please use the child's)</small>			
<b>Child #1 First Name:</b>	<b>Birth Date:</b>	<b>Age:</b>	
<b>Child #2 First Name:</b>	<b>Birth Date:</b>	<b>Age:</b>	
<b>Child #3 First Name:</b>	<b>Birth Date:</b>	<b>Age:</b>	
<b>Mother's First Name:</b>	<b>Last Name:</b>		
<b>Home Phone:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Father's First Name:</b>	<b>Father's Last Name:</b>		
<b>Employer:</b>	<b>Employer Phone:</b>	<b>Cell #:</b>	
<b>Email Address:</b>			
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Emergency Contact: (Other than Parents)</b>			
<b>Are students covered by medical insurance:      Yes      No</b>			
<b>Disabilities:</b>	<b>Allergies:</b>		
<b>Medications:</b>	<b>Primary Doctor:</b>		

<b>Camp Information Child #1</b>				
<b>Week</b>	<b>Half or Full:</b>	<b>Amount Due</b>	<b>Deposit</b>	<b>Balance</b>

<b>Camp Information Child #2</b>				
<b>Week</b>	<b>Half or Full:</b>	<b>Amount Due</b>	<b>Deposit</b>	<b>Balance</b>

<b>Camp Information Child #3</b>				
<b>Week</b>	<b>Half or Full:</b>	<b>Amount Due</b>	<b>Deposit</b>	<b>Balance</b>

Early drop-off is available for all camps except for Preschool. Early drop-off is 8am-8:45am & is an extra \$25/ week. Deposits are calculated for the total amount due.

I can verify that the information provided is accurate & take responsibility for contacting office to update.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cary School of Gymnastics 2013 Summer Camp Policies

1. Deposits & Payments: Cary Gymnastics requires a 50% non-refundable deposit to secure you child's space in each week of camp. The remainder of the balance must be paid on the FIRST day of the camp. There are no refunds for days unattended including sickness.
2. Early Drop off Option: We offer an early drop off option between 8am-8:45am for both full day campers & half day campers. It is \$25/ week flat rate for this option no matter how many days it is needed. During this time, the children are monitored in the play area or to color or read at tables. No gymnastics activities will take place at this time.
3. Pick-up Procedure: Pick up is either noon for half day campers or 5:00pm for full day campers. Preschool pick up is 12:30pm. There is a 5-minute grace period for pick up. After five minutes, there is a \$1/ minute penalty due at pick up. No exceptions.
4. Sign in/ Sign Out: At drop off & pick up the parent or guardian must initial the sign in/ sign out sheet at the front desk each day of camp.
5. Snack/ Lunches: Cary Gymnastics does not provide any food or beverages. Half day campers will be allotted a daily snack time. Full day campers will have a snack time and a 45 minute lunchtime each day. If your child has any food allergies, please indicate that on your registration form.
6. Attire: A leotard is preferred but not required. Clothing must be tight fitting to not interfere with equipment or spotting. No jewelry is allowed. Hair below the ears must be tied back to ensure safety.
7. Behavior: The camp focuses on having fun through gymnastics. Absolutely no fighting, yelling, or disrespect towards the instructors or staff is tolerated. Parents will be notified if such behavior occurs.
8. Liability: By permitting my child to participate in the Cary Gymnastics LLC. DBA as Cary School of Gymnastics instructional program (or by my participation), I understand and acknowledge the fact that participation in gymnastics involves a certain degree of risk of injury to the participant. I agree to assume such risk, and hereby release the Cary School of Gymnastics, its owners, and employees, jointly and severally, from any and all personal injury claims arising through or from participation in activities as a student of the Cary School of Gymnastics in or upon the premises of the Cary School of Gymnastics. I also understand that I am expected to carry accident and/or medical insurance on the above registered student and that such insurance is not provided by the Cary School of Gymnastics. **I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING, AND ACKNOWLEDGE RECEIPT OF A COPY OF THE PAYMENT AGREEMENT, THE CLASS CALENDAR, AND A COPY OF THE RULES AND REGULATIONS OF THE CARY SCHOOL OF GYMNASTICS.** \_\_\_\_\_ ←

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness:

\_\_\_\_\_ Date: \_\_\_\_\_