

ISG Gymnastics

Summer Camp 2019

Name _____ DOB _____
Address _____ Age _____
_____ Male or Female
Home Phone _____
Email _____
Mother's name _____ Father's name _____
Cell number _____ Cell Phone _____
Work number _____ Work number _____

Please select the weeks your child will be attending camp:

<input type="checkbox"/> Week 1	June 24 — June 28	<input type="checkbox"/> Extended Afternoon (up to 4:00)
<input type="checkbox"/> Week 2	*July 1 — July 5 *	<input type="checkbox"/> Extended Afternoon (up to 4:00)
<input type="checkbox"/> Week 3	July 8 — July 12	<input type="checkbox"/> Extended Afternoon (up to 4:00)
<input type="checkbox"/> Week 4	July 15 — July 19	<input type="checkbox"/> Extended Afternoon (up to 4:00)
<input type="checkbox"/> Week 5	July 22 — July 26	<input type="checkbox"/> Extended Afternoon (up to 4:00)
<input type="checkbox"/> Week 6	July 29 — Aug 2	<input type="checkbox"/> Extended Afternoon (up to 4:00)
<input type="checkbox"/> Week 7	Aug 5 — Aug 9	<input type="checkbox"/> Extended Afternoon (up to 4:00)
<input type="checkbox"/> Week 8	Aug 12 — Aug 16	<input type="checkbox"/> Extended Afternoon (up to 4:00)

Cost:

\$450 for the first week;	1 week @ \$450	\$ 450
\$425 each additional week	___ weeks @ \$425	+\$ _____
\$25 discount per week for siblings	<u>Discounts</u>	- \$ _____
**Closed July 4 th subtract \$90 for that week!	Total	\$ _____

For office use only:

ISG Gymnastics

Summer Camp Emergency/Medical Form 2019

Date _____
Name _____ DOB _____
Address _____ Age _____ Male / Female
City, State, Zip _____ Mother's pref # _____
Home # _____ Father's pref # _____

Contact in case of emergency (other than parents)

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

Please state any information which will be of significance to us. Include any physical, educational, or psychological handicaps, limitations, special treatment, allergies, dietary restrictions, medications, etc that can help us better care for or understand your child.

I do hereby give the authority to ISG to obtain necessary emergency medical treatment for my child in the event that the parent cannot be reached, with the understanding that the family will be notified as soon as possible.

Signed (by parent or guardian) _____

Printed _____

Phone _____

Address _____

ISG Summer Program Rules and Regulations

Child's name _____

CONDITIONS OF ENROLLMENT

In consideration of my membership in NJTD LLC, dba ISG Gymnastics, from here out known as ISG, and my participation in ISG's Summer Program, events and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of ISG.
2. A non-refundable deposit of \$300.00 for each child and a completed application will guarantee registration.
3. Full payment must be made by June 1st. All reserved spaces not paid for in full by this date may be released to children on our waiting list.
4. No refunds will be given for absences, changes or withdrawals.
5. Readiness to participate: I will only participate in those ISG classes, programs, 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.
6. Medical Attention: I hereby give my consent to ISG to provide my child/children, 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.
7. Pictures of my child/children may be used for promotional use.
8. Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and summer program events.

RULES & POLICIES

1. Children should be dropped off no earlier than 8:50 and no later than 9:00, with the exception of those in the extended hours program. Children will only be released to a parent or guardian unless other arrangements have been made with the office. Children not picked up within 15 minutes of the end of the camp day will be billed for extended hours.
2. Children's belongings (valuables should be left home) should be kept in a tote bag or backpack. ISG assumes no responsibility for lost, stolen, or broken belongings.
3. Please do not send ill children to ISG. We reserve the right to send home all children who we feel are not in good health and pose a threat to themselves and/or other children.
4. Attire for gymnastics: girls should wear a leotard. Hair must be secured and no jewelry is allowed. Boys should wear cotton or nylon gym shorts or sweat pants, a T-shirt, and bare feet. No loose fitting clothing is permitted. Any child not properly attired will not be able to participate in activities.
5. Please notify us if your child will be absent from ISG's Summer Program. The office opens at 8:00 am on program days.
6. Children should bring a snack and a lunch each day. A second snack should be brought if they are remaining for afternoon extended hours.
7. ISG is not responsible for changes in the curriculum that are out of our hands.
8. ISG may use inflatables.

Parent or guardian has read and consents to the above agreement.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name