

ISG Gymnastics

Summer Camp 2020

Name _____ DOB _____
Address _____ Age _____
_____ Male or Female
Home Phone _____ Email _____
Parent 1 name _____ Parent 2 name _____
Cell number _____ Cell Phone _____
Work number _____ Work number _____

Select desired weeks & **select morning and/or afternoon session:**

<input type="checkbox"/> Week 1	June 15 — June 19	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 2	June 22 — June 26	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 3	June 29 — July 3	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 4	July 6 — July 10	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 5	July 13 — July 17	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 6	July 20 — July 24	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 7	July 27 — July 31	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 8	Aug 3 — Aug 7	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 9	Aug 10 — Aug 14	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30
<input type="checkbox"/> Week 10	Aug 17 — Aug 21	<input type="checkbox"/> Morning 9-12	<input type="checkbox"/> Afternoon 12:30-3:30

Cost:

\$275 for the first session;

\$250 each additional session

\$10 discount per session for siblings

1st session @ \$275 \$ 275

_____sessions @ \$250 +\$_____

Sibling Discounts -\$_____

Total \$_____

For office use only:

ISG Gymnastics

Summer Camp Emergency/Medical Form 2020

Date _____
Name _____ DOB _____
Address _____ Age _____ Male / Female
City, State, Zip _____ Parent 1 pref # _____
Home # _____ Parent 2 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 is required for 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.~~ For summer 2020, payment must be made in full 1 week prior to enrolled weeks.
4. No refunds will be given for absences, ~~changes or withdrawals~~. Changes or withdrawals must be made a minimum of 1 week prior to enrolled session.
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 picked up no later than 12:00 for morning session; and dropped off no earlier than 12:20 and picked up no later than 3:30 for afternoon session. 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: tshirt, shorts, leggings, sweatpants, leotard, etc 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 8:30 am on program days.
6. Children should bring a snack and a water bottle each day. For those staying for both morning and afternoon sessions. A lunch and a second snack should be brought as well.
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