

ISG Gymnastics

Summer Camp 2021

Name _____ DOB _____ Age _____

Select desired weeks:

(camp is 9:00-2:30 unless otherwise arranged for half day or extended hours)

<input type="checkbox"/> Week 1	June 28 - July 2	<input type="checkbox"/> Extended hours until 5:00
<input type="checkbox"/> Week 2	July 5 - July 9	<input type="checkbox"/> Extended hours until 5:00
<input type="checkbox"/> Week 3	July 12 - July 16	<input type="checkbox"/> Extended hours until 5:00
<input type="checkbox"/> Week 4	July 19 - July 23	<input type="checkbox"/> Extended hours until 5:00
<input type="checkbox"/> Week 5	July 26 - July 30	<input type="checkbox"/> Extended hours until 5:00
<input type="checkbox"/> Week 6	Aug 2 - Aug 6	<input type="checkbox"/> Extended hours until 5:00
<input type="checkbox"/> Week 7	Aug 9 - Aug 13	<input type="checkbox"/> Extended hours until 5:00
<input type="checkbox"/> Week 8	Aug 16 - Aug 20	<input type="checkbox"/> Extended hours until 5:00

Check here if half day 9-12:00 is desired (extremely limited half day spots available)

Cost:

\$475 for the first full day session	1st full day session @ \$475	\$ _____
\$450 each additional full day session	___ full day sessions @ \$450	+\$ _____
\$300 half day 9:00-12:00 session	___ half day sessions @ \$300	\$ _____
\$25 discount per session for siblings	<u>Sibling Discounts</u>	<u>-\$ _____</u>
	Total	\$ _____

Note- Extended hours \$10 per hour per child billed at end of each week.

For office use only:

ISG Gymnastics

Summer Camp Emergency/Medical Form 2021

Name _____ DOB _____ Age _____
Street _____ Male / Female / Nonbinary /
City, State, Zip _____ Prefer not to answer
Home Phone _____ Email _____
Parent 1 name _____ Parent 2 name _____
Cell number _____ Cell Phone _____
Work/other number _____ Work/other number _____

Contact in case of emergency (**other than parents**)

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

Please state any information which will be of significance to us. Include any physical, educational, or psychological needs or 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 _____

Date _____

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 deposit of \$300.00 for each child and a completed application is required for registration. Deposits are refundable with notice made prior to May 31st. For withdrawals requested between June 1st- one week prior to session start date deposits will be converted to an ISG credit.
3. Full payment for first session must be made by June 1st. For additional sessions, payment must be made in full 1 week prior to enrolled weeks. All reserved spaces not paid for in full by this date may be released to children on our waiting list.
4. Changes or withdrawals must be made a minimum of 1 week prior to enrolled session. No refunds will be given for absences. Refunds for changes or withdrawals will only issued with a minimum of 1 week notice.
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 2:30 for afternoon session (12:00 for half day). 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, lunch and a water bottle each day. ISG is a NUT FREE facility.
7. ISG is not responsible for changes in the curriculum that are out of our control.
8. ISG may use inflatables.

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

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

ISG Gymnastics, 151 Crotona Ave, Harrison, NY 10528 Phone: (914) 835-0010 info.isggymnastics@gmail.com

Covid

Please understand that when you return to the gym, a few things are certain:

- ISG holds as paramount the health, safety and welfare of every member of its community.
- Having said that, none of us can guarantee what shape COVID-19 will take, and none of us – including ISG Gymnastics – can guarantee a COVID-19-free environment. This is simply not feasible. It would be disingenuous to suggest otherwise.
- Taking steps to minimize the risk of COVID-19 infections (or any other spread of disease) at ISG Gymnastics is a shared responsibility. Every member of our community – including you – must do their part. This means adhering to national, state, and local health guidelines and requirements, and adhering to those measures ISG Gymnastics deems safe and appropriate for its facility. Specific details will be provided as circumstances dictate, but this may include such thing as: temperature checks, social distancing, wearing masks or other facial coverings, using other PPE, not reporting to class or coming to the gym if sick, and isolating and quarantining when required. You agree to do all of this not just for yourself, but for the safety of others, and because this is consistent with the spirit of ISG Gymnastics.
- In complete transparency, then, you understand that if you return to the physical facilities of ISG Gymnastics, there is a risk you may contract COVID-19. We certainly do not wish this on anyone, and we are taking all recommended steps to mitigate this risk, but we cannot categorically guarantee this will not happen. By coming into the gym, you understand that this is possible. Again, we want to be transparent with everyone.

Student(s) Name(s) _____

Parent Name (please print) _____

Parent Signature _____ Date _____