



Asheville Gymnastics Spring Break Camp

8:30am-5:30pm / Extended Care: 8:00am-6:00pm.

Contact Name: _____ Relationship: _____ Cell#: _____
 Wk#: _____ Home#: _____ Email address (required): _____

Contact Name: _____ Relationship: _____ Cell#: _____
 Wk#: _____ Home#: _____ Email address (required): _____

Emergency Contact (relationship): _____ Phone#: _____

Child's Name: _____ Age: _____ Birthday: ___/___/___ Gender: M / F

Address: _____ City: _____ State: _____ Zip: _____

Allergies to food, drinks, heat, insects, etc: _____

Please list all Medications your child currently takes: _____

Check here if meds need to be given during camp

Can we give pain relievers upon request? Y / N If so, what type do you prefer? Ibuprofen
 Tylenol

Any physical/behavioral difficulties we need to be made aware of: _____

Liability Release and Waiver

"Belton Gymnastics Academy" including but not limited to all staff, employees, representatives and affiliates shall henceforth be referred to as "Asheville Gymnastics". I understand that medical or accident insurance coverage is **required** while my child is enrolled in any Camp Program at Asheville Gymnastics. I verify that all information on this form is true and correct to the best of my knowledge. In the event of a medical emergency, while my child is attending a Camp Program at Asheville Gymnastics and parents/legal guardians cannot be contacted, the administration has the authority to take whatever action is necessary to assure prompt medical attention. Asheville Gymnastics will not be held financially responsible for emergency transportation and/or treatment of my child. I give my consent and approval for my child's participation in the Camp Program at Asheville Gymnastics. I will not hold Asheville Gymnastics responsible in any case of accident or injury, including death, as a result of participation including but not limited to gross negligence. I understand that no refund will be made if my child is dismissed due to failure to abide by and comply with program rules. I give my permission for my child to be transported by Asheville Gymnastics for off-site activities. Asheville Gymnastics may use photographs of my child for, but not limited to, promotional materials and ads.

Signature of Parent/Guardian: _____ Date: _____

Ages 5-13 Single Full Day/s: (8:30am-5:30pm): \$50 Weekly Rate: \$175 Circle: **M T W Th F**
 Monday, April 2 – Friday, April 6

F Ages 4-13 Single Half Day/s: (8:30am-12:30pm): \$30 Weekly Rate: \$95 Circle: **M T W Th**
 Monday, April 2 – Friday, April 6

Extended Care (8:00am–6:00pm): \$5/day OR \$15/week Circle: **M T W Th F**

Sibling discount for FULL day: \$10/day, \$30/full-week. HALF Day: \$5/day, \$15/week

***Daily drop-offs must be scheduled by March 30th**

Counselor-In-Training (CIT) ages 13 & up—Weekly Rate (8:30am-5:30pm) ☐ \$80

Please see front desk to see if your child meets qualifications for CIT. No daily rate offered.

Camp Policies

Behavior Policy: Discipline steps for inappropriate or disruptive behavior are as follows:

1. Clear and specific redirection of what the camper should be doing.
2. Remove the camper from activity.
3. Verbal and/or written communication with parent/guardian.
4. If behavior continues, parents will be called and camper removed from the program.

_____ **I have read behavior management and discipline policy and agree as outlined.**
(INITIAL HERE)

Drop-Off & Pick-Up Procedure: Camper must be signed in and out each day. Only authorized individuals will be allowed to pick up the camper. Picture identification is required for all individuals who are signing campers out. This includes those who regularly pick up camper until staff can sight recognize those individuals.

AUTHORIZED INDIVIDUALS ALLOWED TO PICK UP CAMPERS		
Name	Relationship	Phone Number

Medication Policy: Please talk to front desk staff if your camper requires prescription medication during camp hours. Medication must be clearly labeled with the child's name and in the original package.

Registration Paperwork: I understand and agree to complete all registration paperwork and leave no areas blank. I will attach all required documentation or my camper will not be permitted to attend the program. The person who completes the registration paperwork is responsible for the payment and is the only one who can amend the forms.

Payment Policies

1. A \$25.00 deposit for camp is due at time of registration. This will be applied to the weekly camp fee. This fee is non-refundable and non-transferable.
2. All camp fees must be paid in full the week prior to the start of camp. If balance is not paid in full camper will lose their spot and may not be able to attend camp.
3. All cancellations and changes must be made in writing 2 weeks prior to the start of the camp week the change will affect.
4. Refunds will not be given for changes or cancellations. Deposits are non-transferable.
5. Refunds or credits will not be given for missed days or weeks.

Grounds for Removal of a Camper from the Program:

- Non payment of fees.
- Campers disregard to program rules and regulations.

Camper is required to bring their own lunch and water bottle. One snack a day is provided; however, please prepare your child with personal snacks as needed

By signing below, I agree to all terms, conditions and policies listed above.

Parent/Legal Guardian: _____ Date: _____