Summer Camp Information

New Bern Gymnastics will be offering Summer Camp to help keep your children active and entertained while school is out. Camps will include a well organized schedule that will incorporate a number of activities to interest every child!

Children can look forward to participating in the following activities:

- Gymnastics Rotations
- Group Games
- Supervised Open Play
- Tumbling
- Foam Pit time
- Arts and Crafts
- Movie time
- And much more!!!

Camp activities start at 9:00am every day, with a supervised early drop off at 7:45am and late pick up at 5:15pm for an additional $5 a day or $20 for five days. NBG provides snacks and drinks for all campers. Our facility has snacks and drinks available to purchase as well. You may send money with your children to purchase snacks and drinks if you would like. Please keep in mind NBG will not be responsible for lost or stolen monies.

**Ages 3 and up. Must be potty trained. NO EXCEPTIONS. Thank You.**

### Summer Camp Daily/ Weekly Pricing

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<tr>
<th></th>
<th>Half Day 9-12</th>
<th>Half day 1-4</th>
<th>Full Day 9-4</th>
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<tbody>
<tr>
<td>1 Day</td>
<td>$25.00</td>
<td>$45.00</td>
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<tr>
<td>2 Days</td>
<td>$45.00</td>
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<td>3 Days</td>
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<td>4 Days</td>
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<td>$130.00</td>
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<tr>
<td>5 Days</td>
<td>$105.00</td>
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To reserve your spot for NBG Spring Break Camp, fill out the “Registration Form” and return it to New Bern Gymnastics as soon as possible. **A $25 deposit is required in order to hold any spots, no exceptions!** Keep in mind we will fill up on a first come first serve basis. Thank you for your interest in New Bern Gymnastics!
SUMMER CAMP
REGISTRATION FORM

Child’s Name: _______________________
Age: ___ DOB:___________ M / F

2nd Child’s Name: _______________________
Age: ___ DOB:___________ M / F

Parent/Guardian Name: __________________________

Address: ______________________________
City: ____________ Zip: _______

Home Phone: ____________________ Cell Phone: ______________

Email address:_____________________________________________________

** Emergency Contact Information: (other than parent listed above) **
Name: ________________________ Phone #: __________________

Please indicate the weeks, the days, and the length of day your child will attend camp:
½ Day (AM) _____ ½ Day (PM) _____ Full day (9-4) _____

June 2-6 ____ Mon Tues Wed Thurs Fri (1/2 day AM only) June 9-13 ____ Mon Tues Wed Thurs Fri

June 16-June 20 ____ Mon Tues Wed Thurs Fri June 23-27 ____ Mon Tues Wed Thurs Fri

June 30-July 3 ____ Mon Tues Wed Thurs (closed Fri) July 7-11 ____ Mon Tues Wed Thurs Fri

July 14-18 ____ Mon Tues Wed Thurs Fri July 21-25 ____ Mon Tues Wed Thurs Fri

July 28-Aug 1______ Mon Tues Wed Thurs Fri Aug 4-8 ____ Mon Tues Wed Thurs Fri

Aug 11-15 ____ Mon Tues Wed Thurs Fri Aug 18-22 _____ Mon Tues Wed Thurs Fri

I fully understand that the New Bern Gymnastics, Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the New Bern Gymnastics, Inc. staff to render any emergency temporary first aid to myself, my child or children in the event of an injury or illness deemed necessary by NBG staff or its representatives. I also permit New Bern Gymnastics staff and its representatives to call upon medical doctor(s) to seek help, including transportation by a NBG staff member, paid or volunteer, to any health care facility or hospital. I will permit NBG to call an ambulance for said child or children should the New Bern Gymnastics, Inc staff deem it to be necessary. We, the staff of New Bern Gymnastics, Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students or participating parents/guardians may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, and cheerleading can be dangerous and can lead to injury. New Bern Gymnastics, Inc., its coaches and other staff members will not accept responsibility for injuries sustained by any student or participating parent/guardian during the course of gymnastics, tumbling, dance, cheerleading instruction, open workouts, or in the course of any exhibition, competition, or clinic in which any student may participate in that requires the traveling to and from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by New Bern Gymnastics, Inc. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child or children may have against New Bern Gymnastics, Inc. and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, heath and accident insurance coverage which I consider adequate for my children’s protection as well as my own protection. I also understand that it is the parent’s responsibility to warn their children about the dangers of gymnastics and injury. The parent should warn their children accordingly to what the parent feels is appropriate. New Bern Gymnastics, Inc. will only warn the child through “Safety Messages” and our teaching style progressions.

Parent Signature __________________________________________ Date _____________

Deposit Amt_______________ Date _____________ VISA ____ Cash ____ Initials______
Amount Due _________________ Date _____________ MC ______ Final Payment __________
Paid in Full________________ Date _____________ DISC _____ Check ____ Initials_____

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