

2018-2019
School Break Camp
Registration Form

Child's Name: _____

2nd Child's Name: _____

	Half Day 9-12	Half day 1-4	Full Day 9- 4
1 Day	\$25.00		\$45.00
2 Days	\$45.00		\$75.00
3 Days	\$65.00		\$105.00
4 Days	\$85.00		\$130.00
5 Days	\$105.00		\$150.00

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

Spy Week	Mon Sept 24	Am	Pm	Full	Early	Late
Spy Week	Tue Sept 25	Am	Pm	Full	Early	Late
Spy Week	Wed Sept 26	Am	Pm	Full	Early	Late
Spy Week	Thur Sept 27	Am	Pm	Full	Early	Late
Spy Week	Fri Sept 28	Am	Pm	Full	Early	Late
Gold Rush	Mon Oct 8	Am	Pm	Full	Early	Late
Rockstar	Mon Nov 12	Am	Pm	Full	Early	Late
Magical Creatures	Thur Dec 27	Am	Pm	Full	Early	Late
Magical Creatures	Fri Dec 28	Am	Pm	Full	Early	Late
Magical Creatures	Wed Jan 2	Am	Pm	Full	Early	Late
Tie Dye	Mon Jan 21	Am	Pm	Full	Early	Late
Mardi Grass	Mon Feb 18	Am	Pm	Full	Early	Late
Building	Fri April 19	Am	Pm	Full	Early	Late
Gardening	Mon April 22	Am	Pm	Full	Early	Late
Gardening	Tues April 23	Am	Pm	Full	Early	Late
Gardening	Wed April 24	Am	Pm	Full	Early	Late
Gardening	Thurs April 25	Am	Pm	Full	Early	Late
Gardening	Fri April 26	Am	Pm	Full	Early	Late

Date _____ Pmt Amt _____ Payment _____ Staff Init _____ Date _____ Pmt Amt _____
 Payment _____ Staff Init _____ Date _____ Pmt Amt _____ Payment _____ Staff Init _____ Date _____
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 Init _____



School Break REGISTRATION FORM

Child's Name: _____ Age: ____ DOB: _____ M/F

Medical/Allergy Information: _____

2nd Child's Name: _____ Age: ____ DOB: _____ M/F

Medical/Allergy Information: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Contact Phone: _____ (C/HM/WK) Alt Phone: _____ (C/HM/WK)

Email address: _____

** Emergency Contact Information: (other than parent listed above) **

Name: _____ Phone: _____

To reserve your spot for NBG School Break Camp, fill out the registration form and return it to New Bern Gymnastics as soon as possible. **Camps must be paid in full at time of reservation, or a credit card may be put on file to be charged the Friday prior to camp day. Cancellations must be communicated at least 24 hours prior to camp day or a \$10 fee will be charged per missed camp day.** Keep in mind we will fill up on a first come first serve basis. Thank you for your interest in New Bern Gymnastics!

Waiver & Release: I am fully aware 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 a gymnastic event. I further agree that New Bern Gymnastics and their agents, officers, employee, instructors, directors, and landlords shall not be liable for any losses or damages occurring as a result of participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. **Medical**

Release: I hereby give consent to New Bern Gymnastics to provide medical care, and to give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for my child(s)'s health and safety. It is understood that I will accept the expense of this service.

Media Release:

I hereby give consent to New Bern Gymnastics to use my child's image in ANY form of **PUBLIC** media, including print, television, and internet, for advertisement and promotional purposes. Names will never be associated with a picture unless express consent by parent or guardian for specific image.

Please Initial:

_____ I hereby give consent for
New Bern Gymnastics to take a picture
for **internal safety/security**
use ONLY. This photo will NEVER be
shared publicly.

_____ I would like auto billing.
Please charge my payment
information on file the Friday prior
to the Camp day(s) for the balance
due.

_____ I understand that all
cancellations must be
communicated at least 24 hours
prior to camp Day or a \$10 fee will
be charged per missed day

Parent Signature

Date