



2019/2020
Preschool School Year Camp
Registration Form

Child's Name: _____

Dates/ Theme	Full Day
November 5 Card Game Chaos	Tues
November 11 Harvest Fun	Mon
December 23, 27 Winter Wonder Land	Mon Fri
December 30 January 2,3 Winter Wonder Land	Mon Thurs Fri
January 20, 21 Penguins and Polar Bears	Mon Tues
February 14 You're one in a Minion	Fri
February 17 Dr Suess	Mon
March 20 Spring into fun	Fri
April 10 Camp Gardening	Fri
April 13-18 Camp Gardening	Mon Tues Wed Thurs Fri

****Ages 3-5****

Camp Costs

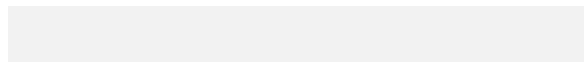
1 Day 9am-12pm \$25

2 Days 9am-12pm \$49

3 Days 9am-12pm \$72

4 Days 9am-12pm \$94

5 Days 9am-12pm \$115



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 Summer 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 at 9am the Friday prior to camp day. Cancellations must be communicated prior to 9am the Friday before camp week.** Keep in mind we will fill up on a first come first serve basis. Thank you for your interest in New Bern Gymnastics!

Please Initial:

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

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. _____

Auto Billing Please charge my payment information on file the Friday prior to the Camp day(s) for the balance due. _____

Cancellations: I understand that all cancellations must be communicated prior to 9am the Friday before camp week. _____

Parent Signature

Date

Date _____ Pmt Amt _____ Payment _____ Staff Init _____

Date _____ Pmt Amt _____ Payment _____ Staff Init _____

Date _____ Pmt Amt _____ Payment _____ Staff Init _____

Date _____ Pmt Amt _____ Payment _____ Staff Init _____

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