2020

Preschool Summer Camp
Registration Form

Child's Name: _____

2nd Child's Name: _____

Dates/ Theme	2 day class/camp $65	3 day camp $65	Full Week $115
June 11-12 Tyed up in Fun	Th/Fr		
June 15-19 Aloha Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
June 22-26 For the love of a dog	Tu/Th	M/W/F	M/Tu/W/Th/F
June 29-July 3 Camping in	Tu/Th	M/W/F	M/Tu/W/Th/F
July 6-10 Under the sea	Tu/Th	M/W/F	M/Tu/W/Th/F
July 13-17 Cartoon Fun	Tu/Th	M/W/F	M/Tu/W/Th/F
July 20-24 Who did it?	Tu/Th	M/W/F	M/Tu/W/Th/F
July 27-31 Pirates & Villians	Tu/Th	M/W/F	M/Tu/W/Th/F
Aug 3-7 Hocus Pocus	Tu/Th	M/W/F	M/Tu/W/Th/F

Camp is from 9:30-12:30 each day
*****Ages 3-5** Must be potty trained.***
NO EXCEPTIONS. Thank You.

Date _____ Pmt Amt _____ Payment_____ Staff Init _____
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2020
Summer Camp
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 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**