



2020/2021
Full Day School Year Camp
Registration Form

Child's Name: _____

Dates/ Theme	Full Day
November 11 Camp Red, White, Blue	Wed
December 21-23 Camp Cool Break	Mon Tues Wed
December 28-30 Camp Celebrate	Mon Tues Wed
January 4-5 Camp Fuzzy Friends	Mon Tues
January 18 Camp Dreaming	Mon
February 15 Camp Secret Squirrel	Mon
March 12 Camp Spring, Sprang, Sprung	Fri
April 5-9 Camp Gardening	Mon Tues Wed Thurs Fri
April 26 Camp Create	Mon

****Ages 5-12****

Camp Costs

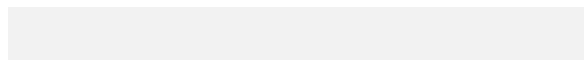
1 Day 7:45-5:15 \$47

2 Days 7:45-5:15 \$85

3 Days 7:45-5:15 \$117

4 Days 7:45-5:15 \$145

5 Days 7:45-5:15 \$167



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. _____

Covid-19 New Bern Gymnastics, Inc. is committed to assisting families by providing its programs during the national response to COVID – 19. New Bern Gymnastics, Inc. will remain open and provide programs so long as its services are allowed by Federal, State and Municipal laws and regulations. New Bern Gymnastics, Inc. has modified its procedures and programs to limit participant exposure to other participants and family members, including modifying participant drop-off and pick-up procedures, separating program participants into smaller groups, and increasing sanitary procedures, among other modifications. Despite the efforts of New Bern Gymnastics, Inc. to minimize participants' exposure to other participants, the undersigned acknowledges that New Bern Gymnastics, Inc. cannot ensure that its participants will not be exposed to COVID – 19 or any other communicable disease. The undersigned further acknowledges that the undersigned holds New Bern Gymnastics, Inc. harmless from any and all liabilities, of any kind or nature, arising out of the participation in New Bern Gymnastics, Inc. programs by the undersigned's children, grandchildren or ward(s) and related to COVID – 19 or any other communicable disease. _____

Parent Signature

Date