



2021
Preschool Summer Camp
Registration Form

Child's Name: _____

2nd Child's Name: _____

Dates/ Theme	2 day camp \$60	3 day camp \$85	Full Week \$130
June 1-4 Off to the Races	Tu/Th	M/W/F	M/Tu/W/Th/F
June 7-11 Rain forest Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
June 14-18 Star Wars Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
June 21-25 Messy Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
June 28-July 2 Gold Rush Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
July 5-9 Superhero Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
July 12-16 Circus Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
July 19-23 Wizarding Fun Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
July 26-30 Heads Up Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
Aug 2-6 Shipwrecked Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
Aug 9-13*** Sherwood Forest Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
Aug 16-20*** Dinosaurs and Unicorn Camp	Tu/Th	M/W/F	M/Tu/W/Th/F
Aug 23-27*** Random Fun Camp	Tu/Th	M/W/F	M/Tu/W/Th/F

*****Camp availability is based on Craven County School Schedule. Camps may be cancelled if children return to school before the date of the camp.**

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

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. _____

Late Pick-up Pick up time is at 12pm. Any child picked up after 12:10 for any reason will incur a \$1 per minute per child fee. _____

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

Deposit I understand there is a \$20 nonrefundable/ non transferrable deposit due for each week of camp my child is registered in _____

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