



2021/2022
Full Day School Year Camp
Registration Form

Child's Name: _____

Dates/ Theme	Full Day
November 11 Camp Out on the Farm	Thurs
December 22-23 Camp Artic Blast	Wed Thurs
December 27-30 Camp Candy Land	Mon Tues Wed Thurs
January 3-7 Camp Snow Awesome	Mon Tues Wed Thurs Fri
January 10 Camp Snow Monster	Mon
January 17 Camp Land of the Free	Mon
March 23 Camp Wizard of Oz	Wed
April 18-22 Camp Lets Go on a Campout	Mon Tues Wed Thurs Fri

****Ages 4-12****

Camp Costs

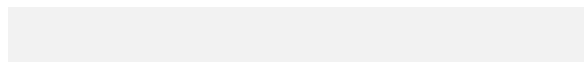
1 Day 7:45-5:15 \$47

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



2021/2022 School Year 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: _____

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 5:15pm. Any child picked up after 5:20pm for any reason will incur a \$1 per minute per child fee.

____ **Billing** I understand there is a \$25 non-refundable deposit due to secure my child's place in each week of camp. I understand a card must be placed on my account and payments are due by the Friday prior to the Camp Day(s). If no payment has been made by this day my card on file will be auto drafted.

____ **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.