



2022
Instructional 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: _____

Instructional camp runs 9am-4pm Monday, Wednesday, and Friday. You must register for each week you would like your child to attend.

Cost is \$150

Circle Date(s)	Camp	
June 13,15,17	Cooking Camp	We will work on cake decorating, waffle cooking and so much more... **NO Friday showcase** **additional \$25 supply fee**
June 20,22,24	Ninja Camp	Friday's showcase includes Wall climbing, beam jumps, ect...
July 11,13,15	Tumbling Camp	Friday will showcase
July 18,20,22	Ninja Camp	Friday's showcase includes Wall climbing, beam jumps, ect...
July 25,27,29	No Camp Scheduled	
Aug 1,3,5	Tumbling Camp	Friday's showcase includes Wall climbing, beam jumps, ect...
Aug 8,10,12	Craft Camp	We will work on bracelet making, tye dying, painting, and so much more... **NO Friday showcase** **additional \$25 supply fee**
Aug 15,17,19	Ninja Camp	Friday's showcase includes Wall climbing, beam jumps, ect...

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

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Contact Phone: _____ (C/HM/WK) Alt Phone: _____ (C/HM/WK)

Email address: _____

Emergency Contact Name: _____ Phone: _____

To reserve your spot for NBG Instructional 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 on a first come, first serve basis. Thank you for your interest in New Bern Gymnastics! ***There is a \$25 nonrefundable/non transferrable deposit due for each week of registration. The deposit will go towards the total amount due for each week.***

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.
Initial

_____ **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.
Initial

_____ **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.
Initial

_____ 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.
Initial

_____ **Late Pick-up** Pick up time is at 4pm. Any child picked up after 4:15 for any reason will incur a \$1 per minute per child fee
Initial

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

_____ **Deposit** I understand there is a \$25 nonrefundable/ non transferrable deposit due for each week of camp my child is registered
Initial

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

_____ **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.
Initial

Parent Signature

Date