

**Summer Camp 2019 –  
Spring Break 2020**

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

**I understand that my child will be required to wear the Gym South camp T-shirt for each event that requires my child to leave the building during summer camp only.** The schedule of activities is provided at the front desk. The cost of the t-shirt is \$10, 2 for \$16, or 3 for \$21. These must be purchased at one time to receive the discount.

**If my child forgets to bring his/her t-shirt on a bowling or skating day, I understand that I will be required to purchase another shirt for that day for \$10.** T-shirts are not required for our 'break camps', just summer camp.

Shirt size: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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I understand that drop off is as early as 7:00 AM, and that pick-up is as late as 6:00PM. If I am late picking up my child, I will be **charged \$1.00** (per child) every minute I am late. The clock in the lobby is used to determine time.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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**There are NO refunds.** You are paying for your child's spot in camp. We may issue a credit for missed camp days due to an illness or injury ***if you notify the front desk before 10:00*** am on the missed camp day. This credit may be used for any programs offered at Gym South.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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I, \_\_\_\_\_ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**I have read and will comply with all of the above statements.**

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Students Name:	M / F	Birthday:	/	/
Email:	Home Phone:			
Address:	City:	Zip:		
School:				
Mother's Name:	Cell #:	Work #:		
Father's Name:	Cell #:	Work #:		
Person to contact if parent is unavailable:				
Relation:	Phone #:			
Other family members enrolled at Gym South:				
Family Doctor:	Dr.'s #:			
Medical Insurance Co:	Policy #			
How did you hear about Gym South?				

## Day Camp Registration Form

### Please Note Gym South Policies (Please initial before each line)

- \_\_\_\_\_ Save \$5 each week by registering your child by Friday of the previous week.
- \_\_\_\_\_ It is the parent/guardian's responsibility to see that his/her child is **picked up by 6 PM**. Anyone picking up a child must know the password, or be on the pick-up list and show a photo ID. If you need to have someone other than those persons listed in your camp packet pick up your child, please call the gym, notify them of the change and give that person the password. That person should also be prepared to show photo ID.
- \_\_\_\_\_ I understand that the fee for **LATE PICKUP IS \$1 FOR EACH MINUTE PER CHILD**.
- \_\_\_\_\_ All sessions that contain a holiday will be prorated for the days affected, so no credit/make-up will be needed.
- \_\_\_\_\_ Camp activities begin at **9 AM** with a warm-up/stretch and end at **4 PM** after snack.
- \_\_\_\_\_ I understand that the hours of **7-9 AM** and **4-6 PM** are considered extended care, and there is no extra cost.
- \_\_\_\_\_ **THERE ARE NO REFUNDS**. You are paying for your child's spot in camp. We may issue a credit for missed camp days due to an illness or injury if you **notify the front desk before 10:00 AM** on the missed camp day. Credits may be applied to any activities at Gym South.
- \_\_\_\_\_ If you have prepaid for **lunch** and your child will not attend, you must **notify the front desk by 10:00 AM** to receive credit for lunch for that day. If you do not call, a lunch will be ordered assuming he/she will be attending later in the day.
- \_\_\_\_\_ I have read and understand the camp discipline policies and procedures.
- \_\_\_\_\_ I understand that my child will walk to both Tinseltown Movie Theatre and Your Pie Pizza.
- \_\_\_\_\_ I understand that my child must wear a Gym South camp shirt to both field trips.
- \_\_\_\_\_ Children may not bring toys from home. If electronics (Gameboy, phone, ipod, etc) are brought to camp, they may be used during the hours of 7-9 am and 4-6 pm **ONLY**. From 9-4 pm the items **MUST** be at the front desk. If a child brings these items without our knowledge, they will be taken away and returned when a parent/guardian picks them up. Please label items.
- \_\_\_\_\_ Children **Must Not Have Any Money** in their possession or with their items stored in bathroom cubbies. **No items may be purchased Tinseltown Movie Theatre or Your Pie Pizza**.
- \_\_\_\_\_ Children should not bring any valuables to camp. **GYM SOUTH IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS**.
- \_\_\_\_\_ Our emphasis and energies are **ALWAYS** on safety first, but please remember that gymnastics is a potentially dangerous sport. Any activity, motion, rotation, or height creates a possibility of serious accidental injury.

**By initialing above & below, I understand these important Policies of Gym South and agree to abide by them.**

Initials: \_\_\_\_\_

I certify that my child, \_\_\_\_\_ has had a physical exam in the past year on or around / / and is in good physical health. I have been informed by J.R. & S.T. Inc. (Gym South) does not carry a supplemental insurance policy and that it is my responsibility to carry adequate health insurance and pay any additional medical fees not covered by my health insurance. Any activity involving motion, height or water creates the possibility of serious injury. I agree that Gym South may approve transport in case of an emergency. Also, my child may have his/her picture taken during activities where appropriate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **MEDICAL INFORMATION**

**Child Name:** \_\_\_\_\_

**Please list below any allergies that your child may have (food, medicine, insect bites, etc.)**

<b>ALLERGY</b>	<b>INSTRUCTIONS</b>
_____	_____
_____	_____
_____	_____
_____	_____

**If your child will be taking any medications please let the front desk staff know and place the medication in a container or sandwich bag containing the child's name and instructions for giving the medication.**

**Please list below any illnesses or conditions that we should know about**

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### **EMERGENCY RELEASE**

In the event of an emergency, I \_\_\_\_\_ allow my child,  
\_\_\_\_\_ to be taken to Fayette Medical Center to be examined for his/her  
injuries. My insurance carrier is \_\_\_\_\_ and my policy number is \_\_\_\_\_

\_\_\_\_\_. If you have any questions, please call me at \_\_\_\_\_ or \_\_\_\_\_  
\_\_\_\_\_. Thank you.

**Parent's Signature:** \_\_\_\_\_

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### **PARENTAL CONSENT RELEASE**

In order to provide a safe environment for all children in summer camp, we require identification **and/or** a personal password from *anybody*, who picks up a child. Please list all persons who have your permission to check your child out of summer camp. If someone is NOT on this list, they will not be able to pick up your child. *Please list yourself and spouse. The password is something you, as the parent/guardian creates.*

**Child's Name:** \_\_\_\_\_

**Personal Password:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

*It is YOUR responsibility to notify these people of our I.D requirements and your password.*

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### **PARENTAL AGREEMENT**

This is to certify that Gym South has informed you that we **DO NOT CHARGE** extra for extended care from 7:00-9:00AM and 4:00-6:00 PM. We **DO CHARGE** a late fee of \$1.00 (per child) every minute you are late picking up your child. The clock in the lobby determines the time.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

