

Summer Camp 2020 – Spring Break 2021

Child's Name: _____

Child's Age: _____

I understand that I am not allowed to bring a sick child with a fever over 100.4 to Summer Camp. I also will not bring a child who has been exposed to someone with COVID -19 any time during the session.

Initials: _____ Date: _____

I understand that drop off is as early as 8:30 AM, and that pick-up is as late as 6:00PM. I understand that I have to drop my child off in front of the gym and a staff member will take a thermal temperature. If he/she has a fever over 100.4, I will not be able to attend camp for 14 days. 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: _____

I understand that I must register online for camp. **We will not be able to take walk up registrations this year.** The link is found on the homepage of www.gymsouth.com.

There are NO refunds. You are paying for your child's spot in camp. Due to the COVID-19 pandemic, we have to severely limit the size of camp and will not have the ability to add a child in that spot. I also acknowledge to pay a \$20 registration fee if I have not paid a registration fee in the past 12 months.

Initials: _____ Date: _____

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 _____

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)

____ I acknowledge that I must pay a \$20 registration fee if I have not paid one in the past 12 months.

____ 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 **8:30-9 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. Due to the limited camp size, we will not be able to refill your spot in camp.

____ I understand I am responsible for packing a lunch AND snack for my child. We will contact you if more options become available.

____ I have read and understand the camp discipline policies and procedures.

____ 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 8:30-9 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.

____ 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.)

ALLERGY

INSTRUCTIONS

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

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: _____

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.

PARENTAL AGREEMENT

This is to certify that Gym South has informed you that we **DO NOT CHARGE** extra for extended care from 8:30-9:00AM 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: _____