



G-Force Flip for Fun Registration Form

Please complete entirely, to ensure processing please print legibly
Camper Information:

Name: _____ Phone#: _____

Last
First
Middle

Address: _____

Street
City
State
Zip

Gender: Male Female DOB: _____

How did you hear about G-force Gymnastics Summer Camp: _____

Parent Information:

Full Name	Email Address	Would you like to receive information via email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home # Cell #	Employer/ Occupation	Position
Full Name	Email Address	Would you like to receive information via email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home # Cell #	Employer/ Occupation	Position
Emergency Contact (other than yourself)	Relationship	Phone/ Cell #

- | | | |
|---|--|--------------------|
| Select Desired Week(s): | (By the Day)
<small>Circle Day(s)</small> | (Theme Weeks) |
| <input type="checkbox"/> June 1st– June 5th | (M/T/W/TH/F) | Pirate |
| <input type="checkbox"/> June 8th–June 12th | (M/T/W/TH/F) | Shake Your Tooshie |
| <input type="checkbox"/> June 15th– June 19th | (M/T/W/TH/F) | Ooey Gooye |
| <input type="checkbox"/> June 22nd– June 26th | (M/T/W/TH/F) | Have a Ball |

Pick Up Authorization

Please list any individual (Beyond those listed above) who will be picking up your child for the duration of this camp. Please note your child will not be released to anyone that is not authorized.

1. Name _____
2. Name _____

NO CAMP FOR JUNE 29th– JULY 3rd

- | | | |
|---|--------------|----------------|
| <input type="checkbox"/> July 6th– July 10th | (M/T/W/TH/F) | Creative Hands |
| <input type="checkbox"/> July 13th– July 17th | (M/T/W/TH/F) | "Oh The Drama" |
| <input type="checkbox"/> July 20th– July 24th | (M/T/W/TH/F) | Olympics |
| <input type="checkbox"/> July 27th– July 31st | (M/T/W/TH/F) | Carnival |

*For non GFGA members we will also require a gymnastics registration.

PERMISSION TO PARTICIPATE AND WAIVER

I, _____, as parent/guardian, grant permission and consent for my child, _____ to participate in activities at G-Force Gymnastics Academy

I understand, am fully aware of, and recognize the inherent risks, including the possibility of catastrophic injury, as well as other damages and losses associated with participation in the sport of gymnastics and assume the risks on behalf of my child and myself. I hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc until such time as I may be contacted. I also assume the responsibility for the payment of any treatment. I further agree that G-Force Gymnastics Academy, along with the employees, officers and directors of this organization shall not be liable for any losses or damages occurring as a result of participation in its gymnastics program, including transportation and activities off the premises of G-Force Gymnastics Academy that occur in connection with G-Force's Flip for Fun Summer Day Camp Program.



Medical Release

Please circle the correct answer

G-Force Gymnastics Flip for Fun
Child Name: _____

No Yes Is your child allergic to any foods? Please list: _____

No Yes Is your child allergic to any insect bites/stings? Please list: _____

No Yes Is your child allergic to any trees, plants, or animals? Please list: _____

Does your child have a history of medical conditions (asthma, epilepsy, diabetes, etc.)? Please list: _____

* Camp Schedule

8:00-8:15

Check In

8:15-8:30

Daily Announcements

8:30-9:00

Games

9:00-10:30

Park/Snack

10:45-11:45

1st & 2nd Gymnastics

Rotation

12:00-1:00

Lunch/Free Time

1:00-2:00

3rd & 4th Gymnastics

Rotation

2:00-3:45

Arts &

Crafts, Special Guest,

Zip Line, etc.

3:45-4:00

Pick Up

**Tentative schedule,
subject to change due to
weather, etc.*

Policies and Procedures

Please read and initial each item.

• **Payments**

A \$50 deposit is required for each week your child signs up for camp, this deposit is non refundable and non transferable for any reason. The remainder payment is due on the first day of your camp session. Should you need to cancel a week of camp please inform the office at least one week prior to the start day, otherwise you will be billed for the entire week. A late fee of \$25 will be charged for all payments received after the first day of camp. _____

• **Hours**

Scheduled activities will be from 8 am-4 pm. Please note you can drop your child off after 8 am and pick them up before 4pm. Any child picked up after 4 pm will be charged \$10 after the first 10 minutes and an additional \$5 every 15 minutes after this. So please pick your child up on time. _____

• **Absences**

Please notify the GFGA office if your child will be missing a day of camp. No make up days will be given for missed camp sessions also the charges will not be prorated under any circumstances _____

• **Personal Items**

Children are permitted to bring inexpensive toys to camp for use during free time only. We strongly urge children to leave any valuable toy or game (such as game boys, etc.) at home. Any items brought to the camp are brought at your own risk. We are not responsible for any lost, stolen, or damaged items or clothing. _____

• **Clothing**

Children must wear comfortable clothing to camp (i.e. T-shirts, shorts, and sneakers). All clothing must not contain buttons, wires, zippers, or anything else that may get caught on gymnastic equipment (such as jeans). Dresses or skirts are not permitted, since gymnastics requires tumbling, and going upside-down. Some crafts may get messy so please provide an old shirt to cover up with when needed. _____

Children with incomplete or missing applications, medical forms, or payments prior to their camp-week will not be permitted to attend camp until all information and payments are complete.