

**7:30 a.m. – 5:30 p.m.**

**School Break Day Camps**

**Sign Up Sheet - 2020**

**AGES 4 - 11**

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical Conditions or Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else we need to know about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **CIRCLE** the dates you would like to attend on the 2020 Calendar located on the back of the Day Camp Sign Up Sheet Form.

**The dates you’ve indicated above are now reserved for your child. Payment is required for all days reserved even if your child does not attend. NO REFUNDS ON NON-USED DAYS. I have read and understand the enrollment conditions. Initial here: \_\_\_\_\_\_\_**

**I hereby give permission for my child’s picture to be used by Discovery Gymnastics for promotional purposes (such as advertising or on the Discovery website (**[**www.discoverygym.com**](http://www.discoverygym.com) **please initial \_\_\_\_\_\_\_\_\_**

I am aware that participation in gymnastics involves risks and possible injury. By the very nature of the activity, gymnastics and other sporting activities carry a risk of physical injury. No matter how careful the student and staff are, no matter how many spotters are used, not matter what height is used or what landing surface exists, the risk cannot be eliminated I understand that Discovery Gymnastics and its staff will assume no responsibility for injuries or medical expenses incurred by my child or myself. My child and/or I have no physical, mental or emotional problems that would interfere with participation in this program.

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

To insure your child’s spot, please have the sign-up sheet and deposit into the office asap.

**$27.00 a day for 1 or 2 days per week $25.00 for 2nd or 3rd child**

**$24.00 a day for 3 or more days a week $22.00 for 2nd or 3rd child**