



# 2012 SUMMER CAMP



## GYMNASTIC ACADEMY of BOSTON

149 Washington St, Plainville MA 02762 ~ 508-695-2600

WWW.GYMNASTICACADEMYOFBOSTON.COM

See our website for **SUMMER COUPONS & SAVINGS**

### Camper information:

Student's Name: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Please Circle: First time or Returning Camper

Does your child have any allergies? \_\_\_\_\_

Does your child have any medical conditions or special needs we should be aware of? If yes, please specify: \_\_\_\_\_

Is your child on medication s/he will need to take during camp? \_\_\_\_\_

If yes, please specify directions: \_\_\_\_\_

(Please note, this information will be kept on a need to know basis for camp staff. We request this info to provide the best camp experience possible for your child.)

### Family Information:

### Emergency Contact/ Authorized Pick Up:

Parent/ Guardian 1 (call first)	Parent/ Guardian 2 (call second)	The first person listed will be called in the event of emergency if parents can't be reached	
Name:	Name:	Name:	Phone:
Home Phone:	Home Phone:	Name:	Phone:
Work Phone:	Work Phone:	Name:	Phone:
Cell Phone:	Cell Phone:	Name:	Phone:
Address:		Name:	Phone:
Email:		Name:	Phone:

### Acknowledgment of Risk and Waiver of Liability

As the parents or legal guardians of \_\_\_\_\_, we hereby give permission for our child to participate in programs at Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc. We recognize that gymnastics is a sport that involves height, rotation of the body and inflatables, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc. We hereby testify to our child's sound health of mind and body and we authorize Gymnastic Academy of Boston/Gymnastic Academy of Plainville, Inc to seek medical treatment at the nearest medical facility in case of emergency.

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Hours	Rates
Half Days are either 9-12 or 12:30-3:30	\$37 single half day; 5 day package is \$170
Full Day camp is 9-3:30	\$66 single full day; 5 day package is \$310

20% Sibling Discount (Will be applied to the lesser tuition)

Summer Registration Fee (waived for current members): \$20



Please (x) which days		Extended Day	
		7:30-9:00	3:30-5:30
		\$7/Day	\$10/day

CAMP WEEK	M	T	W	Th	F	Half Day	Full Day	AM	PM	TOTAL	
1 June 25 - 29						AM PM		AM	PM		Office Use:
2 July 2 - July 6			■			AM PM		AM	PM		
3 July 9 - 13						AM PM		AM	PM		Total:
4 July 16 - 20						AM PM		AM	PM		Pyemt Method:
5 July 23 - 27						AM PM		AM	PM		
6 July 30 - Aug. 2						AM PM		AM	PM		Date:
7 August 6 - 10						AM PM		AM	PM		
8 August 13 - 17						AM PM		AM	PM		
9 August 20 - 24						AM PM		AM	PM		
10 August 27-31						AM PM		AM	PM		