"April Vacation Camp at GAB is always a fun and exciting time!"

Welcome to the
Gymnastic Academy of
Boston's April
Vacation Camp
program, offering your
child healthy, challenging
fun. For boys and girls of
all levels, ages 3 and old-



er. Our experienced and friendly staff are here to give your child a fun learning gymnastic experience.

All campers should bring a healthy snack and gymnastics/fitness clothing. Full day campers should also bring a lunch.

CAMP HOURS

Morning Session 9:00 - 12:00Afternoon Session 12:30 - 3:30

Full Day Session 9:00 – 3:30

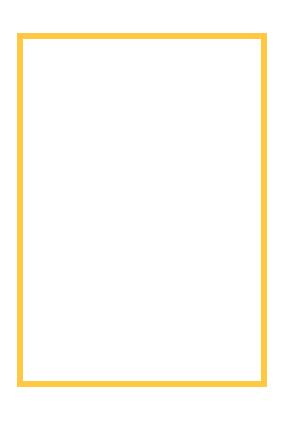
GYMNASTIC ACADEMY OF BOSTON-ACTON 12 Keefe Road, Acton, MA 01720 Phone (978) 369-9034 GymnasticAcademyofBoston.com

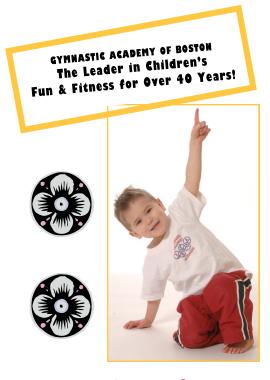
CALL AND RESERVE YOUR SPOT TODAY.



APRIL VACATION CAMP

April 20-24, 2026





Hurry, Space is very Limited!

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health.

CAMP ACTIVITIES



PRESCHOOL CAMP ACTIVITIES:

Gymnastic Classes...Moonwalk...Trampoline Tumble Trak...Foam Pit...Arts & Crafts Sports Skills...Games

GRADE SCHOOL ACTIVITIES:

Gymnastic...Tumbling & Trampoline Parkour Setups...Team Building Games Sports Skills and Exercises

What to Bring:

All campers should bring a healthy snack. Full day campers should also bring a lunch.

*Siblings get 20% off!



Please call us if you have any questions.

CALL AND RESERVE YOUR SPOT TODAY!



GAB-Acton Acknowledgment of Risk and Waiver of Liability

As an adult student and/or as the parent or legal guardian of all child students listed above, I hereby give permission for my child(ren) and/or myself to participate in programs at Gymnastic Academy of Boston-Acton, LLC. I recognize that gymnastics, tumbling, parkour and ninja training are sports that involve inflatables, height and rotation of the body and there are inherent risks involved. There are also inherent risks to my being on the premises, as either an adult student or simply as a non-student parent or guardian, during such activities. These risks also specifically include the additional risk of being exposed to and/or contracting COVID-19 or other illness. On behalf of myself and my child(ren), I agree to waive all claims (including for negligence) against and agree not to sue Gymnastic Academy of Boston-Acton, LLC, or its owners, directors, officers, employees, 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 injury, paralysis and death, and including exposure to or contracting COVID-19 or other illness, which may occur to myself or any of my children while on the premises of or under the instruction, supervision, or control of Gymnastic Academy of Boston-Acton, LLC. I hereby testify to my and my child's sound health of mind and body and I authorize Gymnastic Academy of Boston-Acton, LLC, to seek medical treatment at the nearest medical facility for myself and my child in case of emergency or injury.

I have read and understand the above terms and agree to the Risk & Waiver of Liability.

Signature of Parent or Legal Guardian:

Date_____



Registration Form

Mon 20	Tues 21	Wed 22	Thurs 23	Fri 24	Session/Time	Daily / Weekly
					Morning (9:00-12:00)	\$66 / \$297
					Afternoon (12:30-3:30)	\$62 / \$279
					Full Day (9:00-3:30)	\$122 / \$525
М	ethod c	of Paym	ent:		Total Due	
	Che	ck #_			Total Due	
Cash					Amt. Paid	
Credit Cards						
Child's N	ame					Age
Child's N	ame					Age
Parent's	Name & .	Address				
Cell Phor	ne#					
Emergen	cy Conta	ct				
Emergen	cy Conta	ct's Cell	#			

Participants must be 3 yrs old and potty-trained.



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