

**“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 gym-  
nastic experience.

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



**APRIL VACATION  
CAMP**

Phone: 978-369-9034  
GymnasticAcademyofBoston.com



# APRIL VACATION CAMP

April 19-23, 2027

**GYMNASTIC ACADEMY OF BOSTON  
The Leader in Children’s  
Fun & Fitness for Over 40 Years!**



**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 HOURS

Morning Session	9:00 – 12:00
Afternoon 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.**

# 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 19	Tues 20	Wed 21	Thurs 22	Fri 23	Session/Time	Daily / Weekly
					Morning (9:00-12:00)	\$70 / \$315
					Afternoon (12:30-3:30)	\$70 / \$315
					Full Day (9:00-3:30)	\$127 / \$551

Method of Payment:

Check # \_\_\_\_\_

Cash

Credit Cards

Total Due \_\_\_\_\_

Amt. Paid \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

Emergency Contact's Cell # \_\_\_\_\_

**Participants must be 3 yrs old and potty-trained.**



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