

We would like to welcome you to the
Gymnastic Academy of Boston's
February Vacation Camp program,



offering your
child healthy,
challenging
fun. For
boys and
girls of all
levels, ages 3
and older.

CAMP HOURS

| | |
|--------------------------|---------------------|
| Morning Session | 9:00 – 12:00 |
| Afternoon Session | 12:30 – 3:30 |
| Full Day Session | 9:00 – 3:30 |

**Spend your
vacation with us and...**

FLIP INTO FUN!

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

CALL AND RESERVE YOUR SPOT TODAY.


**February
Camp**

Phone: 978-369-9034
GymnasticAcademyofBoston.com



February Camp

February 15-19, 2027

GYMNASTIC ACADEMY OF BOSTON

12 KEEFE RD, ACTON, MA 01720

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GYMNASTICACADEMYOFBOSTON.COM



**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:

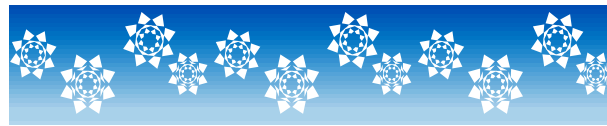
- Gymnastic...Tumbling & Trampoline
- Parkour Setups...Team Building Games
- Sports Skills and Exercises

What to Bring:

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



*** SIBLINGS Receive 20% OFF ***



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 15 | Tues 16 | Wed 17 | Thurs 18 | Fri 19 | 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 # _____ Total Due _____
- Cash Amt. Paid _____
- Credit Cards

Child's Name _____ Age _____

Child's Name _____ Age _____

Parent's Name & Address _____

Cell Phone # _____

Emergency Contact _____

Emergency Contact's Cell # _____

Participants must be 3 years old and potty-trained.



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