

# 2025 GYM and SWIM Camp

Campers Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: M\_\_ F\_\_

Email 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Medical Conditions/limitations: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*Children 4 years old (potty trained) would be perfect for our half day preschool camp\*\*\*



	<u>Gymnastics Camp</u>		<u>Extended Day</u>
	<b>Weekly Rates: Early Bird Special \$440.00 (Feb. 1<sup>st</sup> thru March 1<sup>st</sup>)</b>	<b>Daily Rates:</b>	<b>DAILY Rates:</b>
	F = (9:00-3:30) - \$490	F = * (9:00-3:30) - \$110	A = 7:30 - 9:00am - \$15/day
	A = (9:00-12:00) - \$365	1/2 day (9:00-12:00) - \$80	P = 3:30 - 5:00PM - \$20/day
	P = (12:30-3:30) - \$365	P = 1/2 day (12:30-3:30) - \$80	B = both sessions - \$30/day
		<b>Weekly Total</b>	<b>Extended Day Total</b>
<b>WEEK 1</b> JUN. 23 – JUN 27	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 2</b> JUN 30 – JUL. 3 <sup>rd</sup> (No Camp on JUL 4 <sup>th</sup> )	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 3</b> JUL. 7 – JUL. 11	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 4</b> JUL. 14 – JUL. 18	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 5</b> JUL. 21 – JUL. 25	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 6</b> JUL. 28 – AUG. 1	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 7</b> AUG 4 - AUG 8	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 8</b> AUG 11 - AUG 15	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 9</b> AUG 18 - AUG 22	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 10</b> AUG 25– AUG. 29	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
	<b>SUBTOTAL</b>		
		<b>Non-Member Fee</b>	
		<b>Total Due</b>	

**Summer Membership fee (waived for current members) \$20.00**

**Camp fee:** \_\_\_\_\_ **Extended day fee:** \_\_\_\_\_ **Membership fee:** \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_ **Check/Credit Card:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I \_\_\_\_\_ authorize GAB Norwood to charge my Visa / Mastercard / Discover listed below

Account Number : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp date: \_\_\_\_\_ CV2 #: \_\_\_\_\_

**Registration Policy:** GAB has a NO Refund/NO Credit policy. Registrations will not be processed without payment. Medical records and signed Welcome Packet Required prior to first day of camp. You may change the week your camper is enrolled, only if space is available. Charges may apply! ***This camp does comply with the Massachusetts Department of Public Health and be licensed by the Town of Norwood Board of Health***

95 Vanderbilt Ave Norwood, MA 02062

Phone Number: 781-769-6150 E-mail: GABNorwood@comcast.net