

# 2017 Randolph Gymnastics Summer Camp Registration

3 Middlebury Blvd.  
Randolph, NJ 07869

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE (AS OF 9/2017) \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE (AS OF 9/2017) \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE (AS OF 9/2017) \_\_\_\_\_

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Cell Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

In addition to parents, ONLY those on the below list will be allowed to pick up a camper from camp. Please list all additional persons authorized to pick up your child. No child will be released without emergency verbal/written permission. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or to delete from this list at any time; please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to Randolph Gymnastics.

**ADDITIONAL AUTHORIZED PICKUP** (Guardian, friends, nanny, babysitter, relatives, ect.)

NAME	CELL	RELATION TO CHILD
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**RULES FOR ACCEPTANCE AND PARTICIPATION** – are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals. Randolph Gymnastics reserves the right to dismiss a child from camp whose conduct is not in the best interest of the total camp without refund.

**DISCIPLINE POLICY** – I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. Discipline at Randolph Gymnastics is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers not following the conduct policy may be suspended or expelled from camp with no refund.

I/We the parent(s) of \_\_\_\_\_ (or legal guardian if under the age of (18) realize and acknowledge that gymnastics is a physical activity involving potential risk to the participant and agrees to hold harmless and indemnify Randolph Gymnastics, its instructors, employees, officers, directors, and agents from any and all claims including, but not limited to, those arising from negligence. Any special medical conditions which might affect our child's participation in gymnastics have been indicated.

AGREED TO BY (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

## 2017 Randolph Gymnastics Summer Camp Registration Form Continued

Please fill out on form for each camper. Additional copies available at the Randolph Gymnastics front desk and on our website.

Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Circle:	FULL DAY	HALF DAY			
	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1:	6/26	6/27	6/28	6/29	6/30
Week 2:	closed	closed	7/5	7/6	7/7
Week 3:	7/10	7/11	7/12	7/13	7/14
Week 4:	7/17	7/18	7/19	7/20	7/21
Week 5:	7/24	7/25	7/26	7/27	7/28
Week 6:	7/31	8/1	8/2	8/3	8/4
Week 7:	8/7	8/8	8/9	8/10	8/11
Week 8:	8/14	8/15	8/16	8/17	8/18
Week 9:	8/21	8/22	8/23	8/24	8/25
Week 10:	8/28	8/29	8/30	8/31	9/1

**\*FOR INSTALLMENTS A CREDIT CARD MUST BE LEFT ON FILE\***

**An Additional \$5.00 per payment will be included in your installments**

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ Code \_\_\_\_\_

A \$100.00 non-refundable deposit per child is due at the time of reservation. The remaining balance is due in FULL (if you are not registered for the installment plan) before your child's first day of camp.

<i>Office Use Only</i>	
Number of Days: _____	Deposit Amount: \$ _____
Tuition: \$ _____	Date: _____ MOP/REC _____
Registration Fee: \$ _____	Final Payment: \$ _____
Total Tuition Due: \$ _____	Date: _____ MOP/REC _____