



## Summer Program Application 2017

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Male or Female

Home phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name \_\_\_\_\_

Cell number: \_\_\_\_\_ Cell number \_\_\_\_\_

Work number: \_\_\_\_\_ Work number \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact: *(Parents will be contacted first)*

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

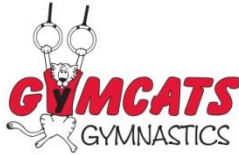
Relationship: \_\_\_\_\_

Please select the weeks your child will be attending camp

- |                          |        |                                   |          |          |              |
|--------------------------|--------|-----------------------------------|----------|----------|--------------|
| <input type="checkbox"/> | Week 1 | June 26 – June 30                 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 2 | July 3 – July 7 ( <i>4 days</i> ) | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 3 | July 10 – July 14                 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 4 | July 17 – July 21                 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 5 | July 24 – July 28                 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 6 | July 31 – August 4                | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 7 | August 7 – August 11              | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 8 | August 14 – August 18             | Half Day | Full Day | Extended Day |

Special Comments: \_\_\_\_\_

For office use only:



## Summer Program Rules & Regulations 2017

Child's name \_\_\_\_\_

### CONDITIONS OF ENROLLMENT

In consideration of my membership in Two Jacks, Inc., dba GymCats and or Chiara, LLC dba Equalize Fitness, from here out known as GymCats, and my participation in GymCats Summer Program, events and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of GymCats.
2. A non-refundable deposit of \$300.00 for each child and a completed application will guarantee registration.
3. **Full payment must be made by June 1<sup>st</sup>.** All reserved spaces not paid for in full by this date will be released to children on our waiting list.
4. No refunds will be given for absences, changes or withdrawals.
5. Fees for GymCats Summer Program are non-refundable.
6. Readiness to participate: I will only participate in those GymCats classes, programs, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
7. Medical Attention: I hereby give my consent to GymCats to provide to my child/children, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
8. All pictures/videos of my children may be used for promotional use.
9. Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and summer program events.

### RULES & POLICIES

1. Children should be dropped off no earlier than 8:50 and no later than 9:00, with the exception of those in the extended hours program. Children will only be released to a parent or guardian unless other arrangements have been made with the office.
2. Children's belongings (valuables should be left home) should be kept in a tote bag or backpack. GymCats assumes no responsibility for the loss of money or other valuables.
3. Please do not send ill children to GymCats. We reserve the right to send home all children who we feel are not in good health and pose a threat to themselves and/or other children.
4. Attire – for gymnastics: girls should wear a leotard. Hair must be secured and no jewelry is allowed. Boys should wear cotton or nylon gym shorts or sweat pants, a T-shirt, bare feet. No loose fitting clothing is permitted. Any child not properly attired will not be able to participate in activities.
5. Please notify us if your child will be absent from GymCats Summer Program. The office opens at 7:45 a.m.
6. Children should bring two snacks and a lunch each day.
7. GymCats is not responsible for changes in the curriculum that are out of our hands.
8. GymCats may use inflatables.

### Off site permission

I grant permission for my child to leave GymCats facility to travel on trips.

Parent or guardian has read and consents to the above agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name



**Summer Camp Program 2017**  
**Medical Form**

Date \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_ M / F  
City, State, Zip \_\_\_\_\_ Mother's Work # \_\_\_\_\_  
Home Number \_\_\_\_\_ Father's Work # \_\_\_\_\_

**Contact in case of emergency (other than parents)**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please state any information which will be of significance to us. Include any physical handicaps, limitations, special treatment, allergies, dietary restrictions, etc. Also state if child is on any medication.**

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**(To be completed by physician or parent)**

Date of last physical exam \_\_\_\_\_ Date of last Tetanus injection \_\_\_\_\_  
May child participate in all activities? \_\_\_\_\_

**Immunizations** (please indicate dates)

Diphtheria \_\_\_\_\_  
Polio \_\_\_\_\_  
Tetanus Toxoid \_\_\_\_\_  
Mumps \_\_\_\_\_  
Live Measles \_\_\_\_\_  
Rubella \_\_\_\_\_  
Haemophilus Influenza type B \_\_\_\_\_  
Hepatitis B \_\_\_\_\_  
Varicella (chicken pox) \_\_\_\_\_

Signed \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Note: Separate copy of immunization records will be accepted instead of completing the above.  
The below must be signed regardless.**

**I do hereby give authority to Gym Cats and or Equalize Fitness to obtain necessary emergency medical treatment for my child in the event that the parent cannot be reached, with the understanding that the family will be notified as soon as possible.**

Signed by parent or guardian \_\_\_\_\_