

Summer Program Application 2019

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: (Pare	nts will be contacted first)		
Name:	Phone number:		
Relationship:			
Name:	Phone number:		
Relationship:			

Please select the weeks your child will be attending camp:

□ Week 1	June 24 – June 28	Half Day	Full Day	Extended Day
□ Week 2	July 1 – July 5 (4 days)	Half Day	Full Day	Extended Day
\Box Week 3	July 8 – July 12	Half Day	Full Day	Extended Day
\Box Week 4	July 15 – July 19	Half Day	Full Day	Extended Day
\Box Week 5	July 22 – July 26	Half Day	Full Day	Extended Day
\Box Week 6	July 29 – August 2	Half Day	Full Day	Extended Day
\Box Week 7	August 5 – August 9	Half Day	Full Day	Extended Day
□ Week 8	August 12 – August 16	Half Day	Full Day	Extended Day

Special Comments: _____

For office use only:



Summer Program Rules & Regulations 2019

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 1st. 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. <u>Medical Attention</u>: 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. <u>Waiver and release:</u> 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 by signing below.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



Date			
Name	ame Date of Bi		
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	
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treatment, all	ergies, dietary restrictions, etc.	Also state if child is on any medi	cation.
	(To be completed by ph	ysician or parent)	
Date of last physical exam	Date of last Tetan	us injection	
May child participate in all activ	rities?		
Immunizations (please indicate	dates)		
Tetanus Toxoid			
Mumps			
Live Measles			
Rubella			
Haemophilus Influenza type B _			
Hepatitis B			
Varicella (chicken pox)			
Signed		Phone	
Address			
Note: Separate co	py of immunization records will	be accepted instead of completing	g the above.
r	The below must be s	igned regardless.	
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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 _____