

MONMOUTH GYMNASTICS ACADEMY SUMMER CAMP & BACK HAND SPRING CLINIC REGISTRATION FORM/CONTRACT 2019

1. Child's Name	Sex M F	DOB Age:	Home #:
2. Child's Name	Sex M F	DOB Age:	
3. Child's Name	Sex M F	DOB Age:	
Parent/Guardian Name:	Work #:	Cell #:	
Parent/Guardian Name:	Work #:	Cell #:	
Email: <i>Must be provided</i>			
Address		City	Zip
Medical Conditions/Allergies	1.	2.	3.

GYMNASTICS CAMP PRICE **PER** WEEK

	1 Week	2 Weeks	3 or 4 Weeks	5 or 6 Weeks	7 + Weeks
½	\$170	\$150	\$140	\$130	\$120
full	\$300	\$280	\$260	\$240	\$220

BACK HAND SPRING CLINICS:

Every Monday & Friday 3:00 – 5:00 pm

July & August = \$30 per clinic

Dates: Jul 1 5 8 12 15 19 22 26 29

Aug 2 5 9 12 16 19 23

CIRCLE YOUR CHOICES!
CHOOSE YOUR DAYS (daily rate applies) OR WEEK:
Choose FULL DAY or HALF DAY

	SELECT CHOICE	FULL/HALF	DAILY OPTIONS
Wk 1	July 1 – 5	F H am/pm	M T W * FR short week
Wk 2	July 8 – 12	F H am/pm	M T W TH FR
Wk 3	July 15 – 19	F H am/pm	M T W TH FR
Wk 4	July 22 – 26	F H am/pm	M T W TH FR
Wk 5	July 29-Aug 2	F H am/pm	M T W TH FR
Wk 6	Aug 5 – 9	F H am/pm	M T W TH FR
Wk 7	Aug 12 – 16	F H am/pm	M T W TH FR
Wk 8	Aug 19 – 23	F H am/pm	M T W TH FR

How did you hear about us?: _____

Registration & Insurance

Payment Details: EARLY BIRDS SAVINGS JAN 20% FEB 15% Mar 10% Apr 5%

Current Students: No charge

CC# _____ Exp _____

New Students: \$15/Family \$20

CASH \$ _____ CHECK # _____

Daily Camp Rate: \$34 Half Day

Amount Due: _____

Daily Camp Rate: \$60 Full Day

AMOUNT PD: _____

ALL CAMP DAYS MUST BE PAID IN FULL = See Payment Terms Below

Terms & Conditions: PLEASE INITIAL ON EACH LINE BELOW & SIGN/DATE THE BOTTOM OF THE BACK OF THE REGISTRATION FORM/CONTRACT:

1) _____ Initial Payment Options & Information: I understand that this payment option locks registration for July and/or August 2018 Camp and/or Back Hand Spring Clinic(s). I understand registering in advance for camp/clinics is being provided to me as a benefit and that this pre-payment allows Monmouth Gymnastics Academy and its administration to staff camp/clinics efficiently, safely and sets aside funds as necessary for improvements, renovations to the gym and camp supplies and, therefore, advanced payments are not refundable. I accept the January 20% discount, February 15% discount, March 10% discount, or April 5% discount (where applicable) and I understand I am making a one-time non-refundable payment.

Full Day Camp: 9–3 pm **Half Day AM:** 9– 11:45 am or **Half Day PM:** 12:15–3 pm **Before Care:** 8-9 am \$8 per day **After Care:** 3- 6 pm \$15 per day

Please continue on back (read and sign where applicable).



2) _____ Initial Discontinuing due to Medical Necessity: If your child(ren) need to drop from the program due to medical reasons we require a valid doctor's note. Any unused days will be calculated into a Monmouth Gymnastics Academy credit that will be held in our electronic customer database for your child(ren) for their use when they are ready to return to camp, clinics or future classes. This Monmouth Gymnastics class credit will have no expiration date.

1) _____ Initial Absences, missed classes, schedule changes: Schedule requests can be made with 7 days ADVANCE NOTICE. Changes can be made to camp days and back hand spring clinics if class space is available however this is subject to management approval based on availability and the safety and integrity of the program. I understand there is **no refund for missed camp days and/or back hand spring clinics due to sickness or schedule changes not made 7 days in advance with Management approval.**

2) _____ Initial Medical Waiver: I recognize that severe injuries, including permanent paralysis or death can occur in sports that involve height or motion: those activities include, but are not limited to gymnastics, tumbling, dance and trampoline and team competition. Being fully aware of these dangers, I hereby give consent for my child/all children/family to participate in any and all Monmouth Gymnastics Academy programs and activities and I accept responsibility for all risks associated with this participation. In consideration for their participation I, hereby, for myself and my child or children and our respective heirs and successors covenant not to sue and forever release MGA, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation. In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment, and I hold MGA and its representatives harmless in the execution of such. I have read and understood this assumption of risk and waiver of liability and medical authorization and I voluntarily affix my name in agreement.

"I have read, understand, and agree to the all of the terms outlined in paragraphs 1 through 4 of this contract"

Parent/Guardian Signature _____ Date _____

FULL DAY SCHEDULE = AM	
8:55 – 9:00 am	Drop Off
9:00 – 9:10 am	Warm Up & Stretching
9:10 – 10:10 am	Gymnastics Instruction
10:10 – 10:25 am	Snack Break
10:25 – 10:45 am	Arts & Crafts
10:45 – 11:30 am	Gymnastics Instruction
11:30 – 11:40 am	Games
11:40 – 11:45 am	Morning Campers Pack Up & Pick Up
11:45 – 12:15 pm	Lunch Break

FULL DAY SCHEDULE = PM	
12:15	Afternoon Campers Drop Off
12:15 – 12:25 pm	Warm Up & Stretching
12:25 – 1:25 pm	Gymnastics Instruction
1:25 – 1:40 pm	Snack Break
1:40 – 2:00 pm	Arts & Crafts
2:00 – 2:45 pm	Gymnastics Instruction
2:45 – 2:55 pm	Games
2:55 – 3:00 pm	Pack Up & Pick Up
3:00 – 6:00 pm	After Care – sign up required

Monmouth Gymnastics
600 Campus Drive
Morganville, NJ 07751
(732) 972-8811



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PIZZA AVAILABLE DAILY
\$5.00 per person (1 slice & drink)

Sign up at office daily by 9:00 am