MONMOUTH GYMNASTICS ELITE SUMMER CAMP & BACK HAND SPRING CLINIC REGISTRATION FORM/CONTRACT 2020

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| 1. Child's Name | | | | 5 | Sex | DOB | | Home | : #: | | | | | |
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| L | | | | | | | Age: | | | | | | | |
| 2. Child's Name | | | | | Sex | DOB | | | | | | | | |
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| 3. Child's Name | | | | 2 | Sex M F | DOB | | | | | | | | |
| | | | | | | Age: | | | | | | | | |
| Parent/Guardian Name: Work #: | | | | .k #: | Age. | | | ſ | Cell #: | | | | | |
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| Parent/Guardian Name: Work #: | | | k #: | | | | | Cell #: | | | | | | |
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| Aut | liess | | | | | City | | | | | | Zιμ | | |
| Me | dical | 1. | | | | 2. | | | | | 3. | | | |
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| Fu | Ill Day | 9-3 pm | Half Da | ay 9-12 | :30 p | m | Спос | | JK DA I/WED | | • | ate app UES/TH | · · · | R WEEK: |
| | 1 | 2 | 2 | 5 or 6 | 7 | | | SELECT CH | • | 600 | | HALF | - | OPTIONS |
| | 1 Maak | | 3 or 4 Weeks | | Wee | | Wk 1 | June 2 | | 12 | , F | H | | T W TH |
| | Week | Weeks | vveeks | Weeks | l vve | eks | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1/ | ¢200 | ¢100 | | | | 60 | Wk 2 | July 8 | - 12 | | F | Н | | T W TH |
| 1⁄2 | \$200 | \$190 | \$180 | \$170 | \$10 | 60 | Wk 2 Wk 3 | July 8 July 1 | - 12 5 - 19 |) | F F | H H | М | |
| 1∕₂ full | | | \$180 | \$170 | \$1(| | Wk 2 | July 8 | - 12 5 - 19 |) | F | Н | M M | T W TH |
| | \$200 \$300 | \$190 \$290 | | | | | Wk 2 Wk 3 | July 8 July 1 | - 12 5 - 19 2 - 26 |) 5 | F F | H H | M M M | т w тн т w тн |
| | \$300 | \$290 | \$180 \$280 | \$170 \$270 | \$10 \$20 | | Wk 2 Wk 3 Wk 4 | July 8 July 1 July 2 | – 12 5 – 19 2 – 26 9-Aug |) 5 g 2 | F F F | H H H | M M M | т w тн т w тн т w тн |
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| full Mo Ju | \$300 BACK H ndays & V <u>CIRCLE Y</u> ly 1 st 6 ^{tl} Augu Registry Curro New S ALF DAY | \$290 HAND SPI Wednesday (OUR DATE h 8 th 13 th Jst 3 rd 5 th ation & ent Students: tudents: \$25/ | \$180 \$280 RING CLIN (s \$35.00 SELECTION 15 th 20 th 10 th 12 th Insuran Insuran Family \$40 mp Rate: | \$170 \$270 JICS: 3-5 each AGE <u>NS</u> : June 22 nd 2 17 th 19 hce | \$10 \$20 5 pm 55: 8 & 0 29th 7 th 29 ^t th EARL CC# | 60 up th Y BIRI | Wk 2 Wk 3 Wk 4 Wk 5 Wk 6 Wk 7 Wk 8 Ch OS: JAN | July 8 July 1 July 2 July 2 Aug 1 Aug 1 Aug 1 oose FU | - 12 5 - 19 2 - 26 9-Aug 5 - 9 2 - 16 9 - 23 JLL D | 9 5 2 5 3 DAY % 1 CH | F F F F F OT HA | H H H H H LFD. | M M M M M M M M M | т w тн т w тн т w тн т w тн т w тн т w тн воvе PR SAVE 109 Zip |
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1) Initial Payment Options & Information: I understand that this payment option locks registration for July and/or August 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 Elite 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 <u>not</u> refundable. I accept the January & February 20% discount, March 15% discount, April 10% discount (where applicable) and I understand I am making a **One-time non-refundable payment.** 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 Elite **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 Elite class credit will **have no expiration date.**

3) _____Initial Absences, missed classes, schedule changes: Schedule requests can be made with 10 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 <u>no refund</u> for missed camp days and/or back hand spring clinics due to sickness or schedule changes not made 10 days in advance with Management approval.

4) 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 Elite 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 Monmouth Gymnastics Elite, 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 Monmouth Gymnastics Elite 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 _____

| MORNING SCHEDULE | | | AFTERNOON SCHEDULE | | | | |
|------------------|------------------------|--|--------------------|-------------------------------|--|--|--|
| 8:55 – 9:00 am | Drop Off | | 12:30 | Half Day Campers Picked Up | | | |
| 9:00 – 9:10 am | Warm Up & Stretching | | 12:30 – 1:30 pm | Gymnastics Instruction | | | |
| 9:10 – 10:10 am | Gymnastics Instruction | | 1:30 – 1:45 pm | Snack Break | | | |
| 10:10 – 10:25 am | Snack Break | | 1:45 – 2:15 pm | Gymnastics Instruction | | | |
| 10:25 – 10:45 am | Arts & Crafts | | 2:45 – 2:55 pm | Group Games, Free Play | | | |
| 10:45 – 11:45 am | Gymnastics Instruction | | 2:55 – 3:00 pm | Pack Up & Pick Up | | | |
| 11:45 – 12:00 pm | Group Games, Free Play | | | | | | |
| 12:00 – 12:30 pm | Lunch Break | | 3:00 – 6:00 pm | After Care – sign up required | | | |



Monmouth Gymnastics Elite

Mondays & Wednesdays: 600 Campus Drive

Tuesdays & Thursdays: 300 Campus Drive Morganville, NJ 07751 (732) 972-8811

PIZZA AVAILABLE DAILY

\$5.00 per person (1 slice & drink) Sign up at office daily by 9:00 am CASH ONLY



Date _____