

# MONMOUTH GYMNASTICS ELITE

## SUMMER CAMP & BACK HAND SPRING CLINIC REGISTRATION FORM/CONTRACT 2020

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 #:	
<b>Email:</b> <i>Must be provided</i>			
Address	City		Zip
Medical Conditions/Allergies	1.	2.	3.

### GYMNASTICS CAMP PRICE PER WEEK

**Full Day 9-3 pm    Half Day 9-12:30 pm**

	1 Week	2 Weeks	3 or 4 Weeks	5 or 6 Weeks	7+ Weeks
½	\$200	\$190	\$180	\$170	\$160
full	\$300	\$290	\$280	\$270	\$260

**BACK HAND SPRING CLINICS: 3-5 pm**  
Mondays & Wednesdays \$35.00 each AGES: 8 & up

**CIRCLE YOUR DATE SELECTIONS:** June 29th  
July 1<sup>st</sup> 6<sup>th</sup> 8<sup>th</sup> 13<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> 22<sup>nd</sup> 27<sup>th</sup> 29<sup>th</sup>  
August 3<sup>rd</sup> 5<sup>th</sup> 10<sup>th</sup> 12<sup>th</sup> 17<sup>th</sup> 19<sup>th</sup>

**CIRCLE YOUR CHOICES!**  
CHOOSE YOUR DAYS (daily rate applies) OR WEEK:  
**MON/WED @ 600    TUES/TH @ 300**

	SELECT CHOICE	FULL/HALF	DAILY OPTIONS
Wk 1	June 29–Jul 2	F H	M T W TH
Wk 2	July 6–9	F H	M T W TH
Wk 3	July 13–16	F H	M T W TH
Wk 4	July 20–23	F H	M T W TH
Wk 5	July 27–30	F H	M T W TH
Wk 6	Aug 3–6	F H	M T W TH
Wk 7	Aug 10–13	F H	M T W TH
Wk 8	Aug 17–20	F H	M T W TH

**Choose FULL DAY or HALF DAY ABOVE**

**Registration & Insurance**      EARLY BIRDS: JAN & FEB SAVE 20%    MAR SAVE 15%    APR SAVE 10%

Current Students: No charge      CC# \_\_\_\_\_ Exp \_\_\_\_\_ Zip \_\_\_\_\_  
New Students: \$25/Family \$40      CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_

<b>HALF DAY Daily Camp Rate: \$50</b>	Amount Due: _____
<b>FULL DAY Daily Camp Rate: \$75</b>	AMOUNT PD: _____

**ALL CAMP DAYS MUST BE PAID IN FULL & ARE NON-REFUNDABLE**

**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 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 not 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 **no refund 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 \_\_\_\_\_ Date \_\_\_\_\_



**Available Daily**  
\$5.00 per person (1 slice/drink)  
Sign up daily by 9 am/CASH ONLY

**Monmouth Gymnastics Elite**  
Mondays & Wednesdays: 600 Campus Drive  
Tuesdays & Thursdays: 300 Campus Drive  
Morganville, NJ 07751 (732) 972-8811

