

**Precision Gymnastics  
Day Camp Parent Permission Form 2019**

**Office Use Only:**

\_\_\_\_ Note on Account  
\_\_\_\_ Entered in Constant Contact  
\_\_\_\_ Card Captured  
\_\_\_\_ Date \_\_\_\_ Initials

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**EMERGENCY INFORMATION AND PARENTAL CONSENT**

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Precision Gymnastics' staff to secure proper treatment for my child as named above. I affirm that my child is physically able to participate in camp activities.

I have read and fully agree with all the terms of registration as stated in the camp and gym literature, and on this enrollment form. I understand and assume the risk involved in physical activities and give my/our permission for my child to participate in Precision Gymnastics' activities

\_\_\_\_\_  
**Signature of Parent or Guardian**

**FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Family E-mail Address** \_\_\_\_\_

**MEDICAL INFORMATION**

**Family Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_

**Please note any special accommodations, medical conditions, allergies, or medications we should be aware of for your child's safety.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PICK UP AUTHORIZATION INFORMATION**

I/We authorize the following person(s) to pick up my/our child from Precision Gymnastics' Day Camp in my/our absence. The following person(s) **must be over 16 years of age.**

**\*Staff will request identification of those requesting release of the child. \***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

**RULES FOR DAY CAMP**

1. Must always listen to Precision Gymnastics' instructions and follow gym rules.
  2. No foul language.
  3. Campers are not allowed in the office.
  4. No fighting.
  5. Ask permission before you use someone else's belongings.
  6. Climbing on the walls, bushes and trees is not allowed.
  7. Keep your hands to yourself.
  8. Respect your coaches and fellow day campers.
  9. Treat others the way you want others to treat you.
  10. No gum, food or drinks other than water inside the gym.
  11. No electronic games will be allowed except during the hours of 5-6pm.
- All children need a bag for their belongings. We are not responsible for any lost or damaged items your child brings to day camp.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Camper

**PAYMENT POLICY AND PERMISSION**

I/We understand G and/or PG movies will be viewed. All movies have been prescreened for inappropriate content and foul language.

I/We understand the payment(s) made toward camp is ***non refundable*** and cannot be applied to any other services or programs. The front desk must be notified 7 days in advance of the start of each week to confirm availability. The deposit and camp fee cannot be transferred to another family.

I/We understand that my child will not be permitted to sign him/herself out of the program and must wait inside to be picked up.

I/We understand and agree to pay a late pick up charge if any participant is picked up after 12:30pm &/or 5:00pm. The extended care fee will be applied. An additional fee of \$15.00 per half hour and \$30.00 per hour will be charged after 12:30pm/5:00pm. This must be paid at the front desk of Precision Gymnastics at the time of pickup. Extended care is available (upon request in advance).

I/We understand that if the remaining balance for my scheduled week of camp is not paid by 12:00 noon on the Friday prior to the start of my scheduled camp day(s), my/our credit card will automatically be charged the remaining balance.

\_\_\_\_\_  
Signature of Parent or Guardian

**Credit Card Information**

Please check one:

Visa

MasterCard

American Express

Discover

\_\_\_\_\_  
Name on Credit Card

XXXX-XXXX-XXXX-\_\_\_\_\_  
Card Number (last 4)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVC Code

\_\_\_\_\_  
Complete Billing Address

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Phone Number of Card Holder

Office Use Only: Card Captured: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_