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# South Shore Gymnastics Academy Summer Camp Enrollment Form

Child's Name:	M\F	Age:	DOB:	Allergies\Medical:
Child's Name:	M\F	Age:	DOB:	Allergies\Medical:
Address:	City/Town:			Zip:
Mother's Name:	Cell:	Email address:		
Father's Name:	Cell:	Email address:		
Home Phone:	Emergency Name and Contact # (required):			
<b>Please attach current copies of each child's immunization record AND a signed and dated report of a physical examination within 1 year. This is mandatory PRIOR to the start of camp.</b>				

Half Day		Full Day	
Days	Prices	Days	Prices
1	40.00	1	80.00
2	80.00	2	153.00
3	120.00	3	225.00
4	160.00	4	270.00
5	200.00	5	300.00



**Prices and schedules are as follows:**

Half day program

9:00 – 12:00 for ages 3.5 and up  
 (must be confidently potty trained)

Full day program

9:00 – 3:00 for ages 5 and up

**Free Extended Stay for M-F, Full days**  
 Extended hours: 8-9:00am, 3-5:00pm  
 \$5/day for AM per child OR \$10/day for PM per child

Late Pick-Up Fee for Ext Day \$10 per 15 mins.

**REMINDER: Full Day Campers are required to bring their NUT FREE lunch (this includes all nuts and tree nuts).**

**\*Closed the week of July 3-7, 2017**

Dates\Days	Half-Day (9:00 – 12:00)	Full-Day (9:00- 3:00)	Number of days attending	Total Amount Due	Extended Day (8-9:00am or 3-5:00pm)	Ext Day Total Due	Total Due
Week 1 June 26-30	M T W TH F	M T W TH F			M T W TH F		
					AM PM BOTH		
Week 2 July 10-14	M T W TH F	M T W TH F			M T W TH F		
					AM PM BOTH		
Week 3 July 17-21	M T W TH F	M T W TH F			M T W TH F		
					AM PM BOTH		
Week 4 July 24-28	M T W TH F	M T W TH F			M T W TH F		
					AM PM BOTH		
Week 5 July 31-Aug-4	M T W TH F	M T W TH F			M T W TH F		
					AM PM BOTH		
Week 6 Aug 7-11	M T W TH F	M T W TH F			M T W TH F		
					AM PM BOTH		
Week 7 Aug 14-18	M T W TH F	M T W TH F			M T W TH F		
					AM PM BOTH		
Week 8 Aug 21-25	M T W TH F	M T W TH F			M T W TH F		
					AM PM BOTH		

Total Due of all camp weeks (plus ext fees) \_\_\_\_\_

One time discount applies only at the time of registration <b>Mon-Fri, half days - 5% off total for 4+ weeks booked</b> <b>Mon-Fri, full days - 10% off total for 4+ weeks booked</b> <b>Free Extended Stay for M-F, Full days</b>	Office use only: <b>Method of Payment</b> <b>Cash, Check (ck# _____) or CC</b> <b>Date _____ Initials _____</b>	<b>Total Discount</b> _____ <b>Total Due</b> _____
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**GENERAL SSGA POLICIES YOU SHOULD BE AWARE OF AND ACKNOWLEDGE BY SIGNING BELOW:**

- \* **SSGA is a NUT FREE gym.** Please refrain from bringing anything with nuts into our facility.
- \*Students are expected to follow the rules and remain in control at all times for safety. Please ask to see our camp discipline policy if you would like clarification. Any student(s) who are deemed dangerous or out of control by our staff will be expected to be picked up from camp immediately. We will refund any camp fees you have paid (minus the time you were here) if we remove your child from camp.
- \* Payment is due IN FULL at the time of registration. Multiple days per week discount pricing is only eligible on multiple day prepaid registrations within the same week. No make ups, refunds, or credits will be given for missing camp days.
- \*Board of Health regulations for camps (due to the necessity of background checks for all adults in the building) require the viewing lobbies to be closed during camp times except at drop off and pickup times.
- \*We will be taking the students to the grassy area across from the front door of the gym for outside games. SSGA will use generic sunscreen for any child attending camp. I will notify the camp staff in writing if there is any reason my child should not wear generic sunscreen.
- \*Please notify us if anyone new (grandparent, babysitter) is picking up your child, as well as notifying us if there is anyone who MAY not pick up your child. SSGA will require and a written note from the parent and an ID for anyone (not known to our staff) to pick up a camper.
- \*We reserve the right to combine groups, reassign instructors and add to or change these policies at any time, without notice.
- \* I acknowledge that I have read and agree to all of SSGA’s policies:

Parent/Guardian Signature \_\_\_\_\_

**Waiver and Release (must be signed by legal parent/guardian before camp):**

**USE OF IMAGES/NAME IDENTIFICATION** – I authorize SSGA to use images in print and/or on the internet of me and/or my child and/or ward, both with and without name identification, for SSGA publicity, promotional and advertising purposes and release any and all claims and/or rights I and/or my child and/or ward might have as a result

Parent/Guardian Signature \_\_\_\_\_

**RELEASE AND LIABILITY WAIVER-PLEASE READ CAREFULLY AND SIGN**

**MEDICAL AUTHORIZATION** – I authorize South Shore Gymnastics Academy (SSGA) to transport my child and/or ward to a doctor, hospital or other health care facility and to act in my place to obtain medical or hospital treatment.

**Release of liability/indemnity for personal injury** - release SSGA, it's owners, instructors, employees, agents and servants, from any and all liability for personal injury to me and/or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my or my child's use of the facilities, equipment, apparatus or premises of SSGA and/or my or my child's participation in any class, program, competition or other event organized, run and/or sponsored by SSGA, whether at its facilities or elsewhere. On behalf of myself and my child and/or ward, I agree to indemnify and hold harmless the said SSGA and its owners, operators, instructors, employees, agents and servants from any and all claims, damages, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

Parent/Guardian Signature \_\_\_\_\_

**ACKNOWLEDGEMENT OF ACTIVITY RISKS: I ACKNOWLEDGE MY UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING:**

1. that the activities offered by SSGA include active sports which can result in injury to participants and/or spectators;
2. that SSGA provides an observation area and that I have the option to remain in the observation area while my child and/or ward is in a class, working out or performing;
3. that in the event I choose to leave my child and/or ward before, during or after a class, workout or a performance, I hereby give SSGA my permission to use its discretion in determining whether my child and/or ward requires medical attention and, if so, to use its discretion in transporting my child and/or ward, selecting a health care facility and obtaining treatment for him/her;
4. that in my absence SSGA does NOT assume any responsibility for the care, custody, control, condition, health or well-being of my child and/or ward.

**ACKNOWLEDGEMENT OF RULES AND POLICIES** - acknowledge that SSGA has rules and policies in place regarding safety, use of facilities, conduct and the like. I have reviewed all currently in place (copies always available at SSGA facilities). I understand that failure to follow the rules in SSGA's discretion may result in revocation of all privileges provided by SSGA without refund of any prepaid fees.

By signing below, I certify that I have read and agree with the above AUTHORIZATIONS, RELEASES AND ACKNOWLEDGEMENTS.

Parent/Guardian Signature: \_\_\_\_\_

**MISCONDUCT PREVENTION POLICY AND PROCEDURE – PARENT ACKNOWLEDGEMENT**

Coaching sports, particularly gymnastics and sorts involving gymnastic-like maneuvers, creates opportunities for physical contact between a coach and athlete. Physical contact is acceptable when it is reasonably intended to coach, teach or demonstrate a skill or to prevent or lessen injury (e.g. spotting, catching). Our coaches exercise extreme care to ensure that such contact is not invasive of sensitive areas of the body. Infrequent, non-intentional physical contact particularly tat which arises out of error on the part of the athlete or coach, does not constitute physical misconduct.

I confirm that I have received a copy and/or are able to request a copy of the Misconduct Prevention Policy and Procedure and do consent to have the coaching staff engage with my child, in any manner that is reasonably intended to coach, teach, or demonstrate a skill or to prevent or lessen injury. Should I have any concerns of misbehavior and/or misconduct, I agree to report the incident to the gym’s management as soon as possible.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_