

Camper Registration Form

Camper's name: _____

Age: _____ Date of Birth: _____ Male: _____ Female: _____

YMCA Member: Yes / No

Home address: _____

City, State, Zip: _____

Parent/Guardian: _____ DOB: _____

Home Phone: _____

Cell: _____

Email: _____

Emergency contacts (in addition to Parent/Guardian):

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Allergies: Please list ALL known medication, food and other allergies:

Medications: Please list ALL medications being taken and ALL dietary restrictions:

Has participant had all of his/her required immunizations? Yes No

Thank you to all the generous donors who help sponsor the Wilson Family YMCA Camps!

WILSON FAMILY YMCA
3436 Airport Blvd
Wilson, NC 27896
252.291.9622
wilsonymca.org



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



FLIP, FLOP AND FLY

2018 SUMMER CAMP
Gymnastics Camps

(Age 4 & up)

WILSON FAMILY YMCA

GYMNASTICS SUMMER CAMP

YMCA camps focus on teaching important values such as caring, honesty, responsibility, and respect. We offer fun and rewarding activities that help children develop valuable skills and gain confidence and self-esteem. We strive to strengthen and enrich the character of every child. We also have a lot of FUN!

GYMNASTICS CAMP IS OPEN TO CHILDREN AGE 4 AND UP.

CAMP FEES

Fees must be paid in full at the time of registration. The cost for Gymnastics Camp per week is:

Member	Non-Member
\$55	\$65

REGISTRATION CHANGES

We provide quality instructional time by keeping a 6:1 child to teacher ratio. No transfers will be allowed. Limited to 12 participants. First come first served.

REFUNDS

Refund requests may be made in emergency situations. Requests for refunds must be made prior to the start of a cancelled session. Once a session has started, no refunds will be processed.

2018 CAMP DATES



AGES 4 and Up

- June 18-22, 2:00-4:00 pm
- July 16-20, 2:00-4:00 pm
- August 13-17, 2:00-4:00 pm

- All students will learn the fundamentals of gymnastics using the bars, beam, vault, and floor apparatus. Gymnasts will be separated according to age, skill level, and ability.
- Bare legs and bare feet only. No socks or tights allowed.
- Boys wear shorts and tank tops only; no sweatpants.
- Girls may wear a leotard or shorts and tank tops.
- No dangling earrings, necklaces, bracelets, rings or metal/plastic headbands.
- Long hair must be worn up.

I would like to enroll my gymnast in the following session:

- June 18-22 (\$55 member/\$65 non-member)
- July 16-20 (\$55 member/\$65 non-member)
- August 13-17 (\$55 member/\$65 non-member)

Amount Due: _____

- I am enclosing payment in full.
 - cash or check
- Draft my credit card for payment.

Visa/MC # _____
exp _____

Signature _____

Participant's Agreement and Parent Wavier

I understand that even when every reasonable precaution is taken, accidents may occur. Therefore, in exchange for the Wilson Family YMCA (hereinafter referred to as "YMCA") allowing my child to participate in YMCA activities, I understand and expressly acknowledge that when he/she uses the YMCA facility or program, they do so at their own risk. I understand that the YMCA will make every effort to contact me in case of an emergency pertaining to my child. If I am unable to be reached, the YMCA will try to contact an alternate adult listed on the registration form. The YMCA has my permission to secure medical attention for my child in the event of an emergency.

I release the YMCA, its staff, directors, officer and agents from all liability for any injury or damage connected in any way whatsoever to participation in YMCA activities, whether on or off YMCA premises. I understand that this release indicates, but is not limited to, any claims based on negligence, action, or inaction of the YMCA, its staff, directors, officers, members, agents, representatives or guests.

I authorize the staff of the YMCA, or appropriate medical personnel, to administer emergency medical treatment to my child or me. I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. Furthermore, I agree and grant permission to the YMCA to use photographs or video of my child or me in YMCA brochures, flyers, photo collections and other marketing initiatives.

I agree that only the adults on this form are allowed to remove my child from the YMCA program unless I notify the YMCA in writing. Under no circumstances will phone call authorizing child pick-ups be accepted at any time.

I have read, understand and voluntarily signed this agreement.

Parent/Guardian signature:

Date: _____