

# 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**  
2019 SUMMER CAMP  
Gymnastics Camps  
(Ages 3 & 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 3 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.

## 2019 CAMP DATES



### 3-5 Yr Olds

June 17-21, 2:30-4:30 pm

### K-2<sup>nd</sup> Graders

July 15-19, 2:30-4:30 pm

### 3<sup>rd</sup>-5<sup>th</sup> Graders

August 5-9, 2:30-4:30 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:

- 3-5 Yr Olds June 17-21 (\$55/\$65 non-member)
- K-2<sup>nd</sup> July 15-19 (\$55/\$65 non-member)
- 3<sup>rd</sup>-5<sup>th</sup> August 5-9 (\$55/\$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: \_\_\_\_\_