



# SUMMERTIME FUN CAMP

## 2010 Registration Form

**Dynamic Gymnastics**  
1949 East Main St., Suite 1  
Mohegan Lake, NY 10547  
(914) 528-5437  
Camp Director: Tom Brophy  
Website: www.dynamic-gym.com

Camper's Name: \_\_\_\_\_ Male \_\_\_ Female  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Home phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please choose the days and weeks you wish your child to attend. Days to attend\*:** (check two or more):

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_  
\*Please note: you must choose at least two day-per-week as the minimum

**Weeks to Attend\*\*:** (check two or more):

July 5<sup>th</sup> \_\_\_ July 12<sup>th</sup> \_\_\_ July 19<sup>th</sup> \_\_\_ July 26<sup>th</sup> \_\_\_ Aug 2<sup>st</sup> \_\_\_ Aug 9<sup>th</sup> \_\_\_  
\*\*Please note: you must choose at least two week as the minimum.

**Monday Tumbling:** (check two or more): July 5<sup>th</sup> \_\_\_ July 12<sup>th</sup> \_\_\_ July 19<sup>th</sup> \_\_\_ July 26<sup>th</sup> \_\_\_ Aug 2<sup>st</sup> \_\_\_ Aug 9<sup>th</sup> \_\_\_

**Before & After Camp Program:** (check one or both): Early Drop off (8:00 AM) \_\_\_ Early Drop off (8:45 AM) \_\_\_  
Late Pick up (3:00 PM) \_\_\_ Late Pick up (4:00 PM) \_\_\_ Late Pick up (5:00 PM) \_\_\_

**Age by July 1st:** \_\_\_\_\_ yrs \_\_\_\_\_ mos. **Birthday:** \_\_\_/\_\_\_/\_\_\_ **Grade completing June 2010:** \_\_\_\_\_

**If preschool, school attended:** \_\_\_\_\_ **how long** \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_  
Mother's Work Phone: \_\_\_\_\_  
Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_  
Father Work Phone: \_\_\_\_\_  
Father's Cell Phone: \_\_\_\_\_

**Who to call if parents cannot be reached:**

**Name/Relationship:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Name/Relationship:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Any intolerance to medication? \_\_\_yes \_\_\_no

If yes, please explain: \_\_\_\_\_

Any previous illness or injury staff should be aware of? \_\_\_\_\_

Any restrictions? \_\_\_yes \_\_\_no If yes, please give details: \_\_\_\_\_

PLEASE WRITE THE **LAST FOUR DIGITS** OF MOTHER'S SOCIAL SECURITY #: \_\_\_ \_\_\_ \_\_\_ \_\_\_;  
This will serve as your child's code number. He/She WILL NOT BE RELEASED FROM CAMP WITHOUT IT. PLEASE REMEMBER IT

**A \$100 DEPOSIT MUST ACCOMPANY THIS FORM:**

**Amount enclosed \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_ (Please note: there is no registration fee)

**A confirmation will be e-mailed or postal mailed to you. The balance is due no later than June 1<sup>st</sup>.**

**\*\*\*PLEASE BE SURE TO READ AND SIGN RELEASE ON REVERSE SIDE OF THIS FORM\*\*\* (OVER)**



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**Fees:**

- \$50 Withdrawal Fee to cover insurance/administrative costs
- \$25 Late Payment Fee for payments made after the 5th of the month
- \$25 Returned Check Fee\*

**\*Please Note:** If parent's check is returned more than once, payment must be made in the form of cash along with the fee for the remainder of the semester.

**Emergency Treatment Release:**

In the event that I (The Parent/Guardian) cannot be reached in case of an emergency affecting my child at Dynamic Gymnastics, I hereby give permission to my physicians as list on page one of this form or, if unavailable, the physician selected by the gym director to administer treatment to my child.

**Policies:**

Dynamic Gymnastics shall have the right to make all decisions regarding a student's fitness to participate. Dynamic Gymnastics shall have the right to dismiss a student if the child exhibits unacceptable behavior which prevents our staff from safely supervising him/her or proves detrimental to him/herself, other gymnasts or staff members as determined by the Dynamic Gymnastics directors or if the child's parents make an unreasonable demand upon Dynamic Gymnastics.

The parent who signs this registration form will be responsible for all fees charged by the gym. To withdraw a student from our program, a written notice must be received 2 weeks prior to his/her withdrawal. Included in the tuition is a nonrefundable fee of \$50 for insurance/administrative cost. No refunds will be made for missed classes; however, you can make them up.

**Release:**

By the very nature of the activities of gymnastics or cheerleading carries a risk of physical injury. No matter how careful the gymnast, cheerleader and the coaches are no matter how many spotters are used, no matter what height is used on what landing surface exist, the risk cannot be eliminated. Reduced yes, but never eliminated.

Gymnastics/Cheerleading or any activity that involves motion, rotation, and height in a unique environment carries with it a reasonable assumption of risk. Dynamic Gymnastics is abided by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics/cheerleading. Anyone participating in the Dynamic Gymnastics programs (gymnastics/cheerleading) (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the gymnasium.

I grant to Dynamic Gymnastics its representatives and employees the right to take photographs of my child and my child's property in connection with the above identified subject. I authorize Dynamic Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Dynamic Gymnastics may use such photographs of my child with or without my child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. In consideration of Dynamic Gymnastics acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastics & cheerleading skills through the use of Dynamic Gymnastics staff, equipment, and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless the said school, its employees, and all other concerned, and to indemnify them against loss. Intending to be legally bound, our signature is offered hereto: By signing below, I acknowledge the above release and agree to abide by the Rules and Regulations.

**I have read, understand, and agree to all of the above.**

Date: \_\_\_\_\_ Parent's/Guardian's Signature: \_\_\_\_\_