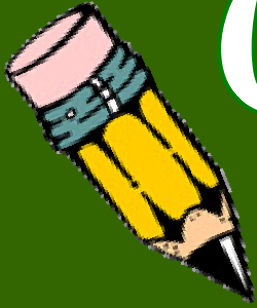


SCHOOLS' OUT GymNastics Day CaMP

8:00am-6:00pm



Friday, October 28th
Friday, November 11th
Wednesday, November 23rd
Monday, November 28th
Monday, January 2nd
Monday, January 16th
Friday, January 20th
Monday, February 20th
Thursday & Friday, April 5th & 6th



DAILY CAMP SCHEDULE

- 8:00am Gym Opens
- 9:00am Warm-up Games & Stretching
- 9:15am Morning Rotations
- 10:30am NFGC PROVIDES A SNACK & DRINK!
- 11:00am Morning Rotations
- 12:00pm Lunch Options
 - Bag lunch & drink from home
 - MVP's box lunch & drink
- 12:30pm Arts & Crafts, movies, etc...
- 1:00pm Afternoon Rotations, Group Games & Lots of FUN!
- 3:30pm Gymnastics Ends
- 4:30pm NFGC PROVIDES A SNACK & DRINK!
- 6:00pm Scheduled Pick-up Time



CAMP TUITION

Daily 8am-6pm \$40.00

Half Day 8am-1pm \$30.00

Sibling Discount... \$5.00 off of daily rate

Sorry, NO discounts on half day camp.



NORTH FLORIDA GYMNASTICS & CHEERLEADING
12777-6 Atlantic Blvd. Jacksonville, FL 32225
(904) 221-5544 Phone ~ www.NFGymCheer.com

2011-2012 SCHOOL'S OUT GYMNASTICS DAY CAMP

Camper Name _____ M or F DOB ___/___/___ Age at camp _____

School _____ Grade _____ Gym experience (circle) None ~ Beginner ~ Advanced

Home Phone _____ Email Address _____

Mother Name _____ Cell _____ Work PH _____

Father Name _____ Cell _____ Work PH _____

Address _____ City _____ Zip _____

Emergency Contact (Name & Relation) _____ Day PH _____

How did you hear about our camp? (circle) Flyer Website Newspaper AD Drive By Friend Other _____

Please list all known ALLERGIES to foods, medications and other sensitivities your child may have. _____

Please list any additional information about your child's behavior, participation restrictions, emotional, physical or mental health that our staff needs to be aware of to aid in making your child's stay the best it can be.

Physician _____ PH _____ Dentist _____ PH _____

Please list all persons who are allowed to **SIGN OUT & PICK UP** your child from camp other than the parents listed above.

Name _____ Relation _____ Name _____ Relation _____

Name _____ Relation _____ Name _____ Relation _____

ASSUMPTION OF RISK • WAIVER OF LIABILITY • PHOTO RELEASE • MEDICAL AUTHORIZATION CAMP INFORMATION

- All Camp Tuition is DUE on or before The Day of Camp.
- There is a \$25.00 charge on all returned checks.
- There is a \$10.00 Non-refundable daily fee for camp days not attended.
- Participants may not be left at the facility after 6pm.
- All participants must be signed in and signed out by a parent or guardian.

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, cheerleading, dance and martial arts. Being fully aware of these dangers, I hereby give my consent for my child(ren) to participate in any and all **North Florida Gymnastics and Cheerleading** programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE **North Florida Gymnastics and Cheerleading** officers, directors, members, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result or participation including those resulting from acts of negligence.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in **North Florida Gymnastics and Cheerleading** publicity and/or advertising.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold **North Florida Gymnastics and Cheerleading** and it's representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for **North Florida Gymnastics and Cheerleading**.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

I HAVE RECEIVED AND READ A COPY OF ALL **North Florida Gymnastics and Cheerleading** POLICIES AND AGREE TO ADHERE TO THEM, INCLUDING NO FULL REFUNDS.

2011-2012 SCHOOL'S OUT Dates

Friday, October 28th	FULL HALF _____
Friday, November 11th	FULL HALF _____
Wednesday, November 23rd	FULL HALF _____
Monday, November 28th	FULL HALF _____
Monday, January 2nd	FULL HALF _____
Monday, January 16th	FULL HALF _____
Friday, January 20th	FULL HALF _____
Monday, February 20th	FULL HALF _____
Thurs. & Friday, April 5th & 6th	FULL HALF _____

PARENT / LEGAL GUARDIAN's Signature _____ Date _____