

# GYMNASTICS & FITNESS

## SUMMER CAMP

JUNE 13th - AUGUST 19th

8:00am - 6:00pm

### A DAY IN THE LIFE OF A CAMPER MONDAY-THURSDAY

- 8:00AM DROP-OFF
- 9:00AM WARM-UP AND BREAK INTO GROUPS
- 9:15AM MORNING ROTATIONS BEGIN (15 MINUTES EACH)
- 10:30AM MORNING SNACK PROVIDED BY NFGC
- 10:45AM MORNING ROTATIONS
- 12:00PM LUNCH (BOX LUNCH FROM MVP'S FOR PURCHASE OR BRING A BAG LUNCH FROM HOME)
- 12:30PM ARTS & CRAFTS PROJECT, ETC...
- 1:00PM AFTERNOON ROTATIONS & GROUP GAMES
- 4:00PM AFTERNOON SNACK PROVIDED BY NFGC
- 4:15PM BOARD GAMES, MOVIES, ART'S & CRAFTS
- 6:00PM SCHEDULED PICK UP TIME

ROTATIONS INCLUDE: GYMNASTICS, CHEERLEADING, TUMBLING,  
OBSTACLE COURSES, DANCE, FITNESS ACTIVITIES,  
GAMES AND MUCH MORE!

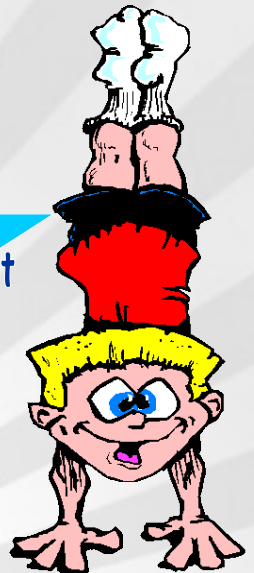


## NORTH FLORIDA GYMNASTICS

12777-6 Atlantic Blvd. Jacksonville, FL 32225

904.221.5544 Phone [www.NFGYMCHEER.com](http://www.NFGYMCHEER.com)

Meet new friends  
Develop coordination  
Gain strength and flexibility  
Learn fundamentals of movement  
Enhance skills in sports  
Learn to set goals  
**HAVE FUN!**



### ALL NEW

## FIELDTRIP FRIDAY'S!

Adventure Landing - Beach Bowl

St. Augustine Fort - Big Air

MOSH - Catty Shack



### CAMP TUITIONS

FULL WEEK RATE

MONDAY-FRIDAY/8AM-6PM \$180.00

DAILY RATE

MONDAY-THURSDAY/8AM-6PM \$40.00

FIELDTRIP FRIDAY \$55.00

HALF DAY RATE

MONDAY-THURSDAY/8AM-1PM \$30.00

SORRY, NO HALF DAY ON FRIDAYS!

# 2011 SUMMER GYMNASTICS & FITNESS 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.

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 First Day of Camp.
- Extended hours must be paid in advance or at the time of pick-up.
- 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 5:30pm.
- All participants must be signed in and signed out by a parent or guardian.

#1	JUNE 13-17	HALF FULL	M T W TH F	_____
#2	JUNE 20-24	HALF FULL	M T W TH F	_____
#3	JUNE 27-JULY 1	HALF FULL	M T W TH F	_____
#4	<b>JULY 4-8</b>	<b>SUMMER BREAK-NO CAMP</b>		
#5	JULY 11-15	HALF FULL	M T W TH F	_____
#6	JULY 18-22	HALF FULL	M T W TH F	_____
#7	JULY 25-29	HALF FULL	M T W TH F	_____
#8	AUGUST 1-5	HALF FULL	M T W TH F	_____
#9	AUGUST 8-12	HALF FULL	M T W TH F	_____
#10	AUGUST 15-19	HALF FULL	M T W TH F	_____

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.

PARENT / LEGAL GUARDIAN's Signature \_\_\_\_\_ Date \_\_\_\_\_