

Gymstars Summer Camps 2021

Child 1 Name: _____ Age: ____ Date of Birth: __/__/__

Child 2 Name: _____ Age: ____ Date of Birth: __/__/__

Parent Name: _____

Address: _____

City & Zip: _____

Phone #1: (____) ____ - ____ Phone #2: (____) ____ - ____

Email _____

If parent cannot be reached, my child may be released to the following persons:

Name: _____ Relationship: _____

Phone #1: (____) ____ - ____ Phone #2: (____) ____ - ____

PLEASE SELECT THE WEEKS YOUR CHILD WILL BE ATTENDING:	Total:
___WK 1: June 23,24,25 "Restaurant Mania" +Fri Lunch Bunch? Y N	\$___
___WK 2: July 7,8,9 "Christmas in July" +Fri Lunch Bunch? Y N	\$___
___WK 3: August 4,5,6 "Zany Zoo" +Fri Lunch Bunch? Y N	\$___

Time: 9:00 am - 12:00 pm Cost: \$90.00 per week (lunch bunch +\$10/wk) \$___
\$10 off any additional camp.

Please send a healthy snack, water bottle and change of clothes each day.

Method of Payment:

___ Cash

___ Check

___ Visa/Debit

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Has your child attended Gymstar Programs before? _____

Our camps are very hands on and your child may come into contact with a variety of materials/food products.

Allergies: _____

Medications: _____

Anything Else We Should Know About Your Child _____

Covid Update: We will be following CDC guidelines with additional cleaning and distancing as much as possible. Mask mandate TBD. Currently all staff and students are required to wear masks. Pick up and drop off will be done at the door.

Do not send your child if anyone in their household has any symptoms or known exposures to Covid19.

Gymstars takes pictures of students throughout each camp to share with parents. We post on our Gymstar Facebook page, in house newsletters, and website for advertising purposes only. At any time, you can request to have a photo removed. Please write NO here if you do not give your consent. _____

I have enrolled my child in a program of physical activity including but not limited to dance and exercise movements, basic tumbling skills and basic locomotor skills. I understand the inherent risks including injury may result in my child's participation in this activity. I assume the risk and I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit him/her from participation in this exercise program. I hereby agree that I, for myself, my children, adopted or otherwise, my heirs or executors, waive and release any and all rights and claims for damage that I may have at any time against GYMSTARS, LLC or their agents and representatives for any injury or damage in connection with my child's entry in activities sponsored by GYMSTARS, LLC. I hereby affirm that I have read and fully understand the above.

Parent Signature _____ Date _____