



CAMP POLICIES

1. WEEKLY TUITION: Minimum non-refundable deposit of \$25.00 per week is due to hold your space, CGA does not guarantee camp space without a deposit. The weekly balance is due the Friday before the camp week starts.

I understand that a minimum non-refundable deposit of \$25.00 per week is due to hold a space for my child.

1a. The balance is due every Friday prior to the week of camp. If tuition is not paid before Monday Morning drop-off, camper will not be allowed to remain at camp until weekly tuition is satisfied. There are no refunds, transfers or credits for missed camp days. Camp tuition may be paid by cash, money order, credit card (MasterCard, Visa, and American Express). No personal checks will be accepted for camp tuition. Payments can be made through Autopay online via the parent portal, in person or by phone.

I understand that tuition is due every Friday, for the upcoming week as detailed below:

PAYMENT DUE DATE / CAMP WEEK

June 15, Friday / WEEK 1: June 18 - 22, Nerf Dart Tag

June 22, Friday / WEEK 2: June 25 - 29, Amazing Races

June 29, Friday / WEEK 3: Jul 2, 3, 5 & 6, Emergency Services & Safety Week

July 6, Friday / WEEK 4: Jul 9 - 13, Picture Perfect

July 13, Friday / WEEK 5: Jul 16 - 20, Hip Hop Days

July 20, Friday / WEEK 6: Jul 23 - 27, S.T.E.M.

July 27, Friday / WEEK 7: Jul 30 - Aug 3, Dodge Ball

Aug 3, Friday / WEEK 8: Aug 6 - 10, A Bug's Life

Aug 10, Friday / WEEK 9: Aug 13 - 17, Fantastic Gymnastics

Aug 17, Friday / WEEK 10: Aug 20 - 24, All Sorts of Sports

1b. **I would like to set up AUTOPAY on my account.** Instruction: Go to the Menu on the left of the page, select Payments, select Manage Payment Options, add account information. Payments will be drafted every Friday.

2. CHILD RELEASE AUTHORIZATION:

I authorize Clinton Gymnastics Academy to release my child to the following individuals who are authorized to pick up my child from camp. We will not release your child to anyone other than to those listed below. We reserve the right to request identification from any person picking up your child.

First Please provide: First Name / Last Name / Phone Number

3. DROP OFF & PICK UP: Half Day Morning camp begins at 8am and ends at 12pm. Full Day Campers arrive at 8am and ends at 4pm. Extended Day Campers arrive at 7am and ends at 6pm.

I understand when camp begins & ends.

4. SIGN IN/OUT PROCEDURES: All campers must be signed in and out by a parent or guardian each morning and evening. It is very important that you sign your camper in and out each day. The sign in sheet will be used to take attendance in case of emergency evacuation.

I understand that I must sign my child in and out every day.

5. LATE PICKUP FEE: \$10.00 per child after 15-minute grace period. Payments due at arrival. Abuse of grace period may result in termination of services.



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I understand the late pick up policy.

6. LUNCHES: All lunches will be refrigerated for freshness. PLEASE LABEL YOUR CHILD'S LUNCH BAGS AND/OR BOXES. Morning and Afternoon snacks are supplied by Clinton Gymnastics Academy. If your child has special dietary needs, please note it on your camp registration form. Please be aware that Campers will only be allowed to eat during designated eating times. Activities in the gym begin at 9:00am. Please be aware, campers will not be allowed to eat breakfast at camp after 9:00am, even if they bring their own food. Due to allergies, no PEANUT PRODUCTS ARE ALLOWED. Keep microwavable foods to a minimum 1 minute of warming.

I understand the lunch policy.

7. CHANGE OF CLOTHES & SLEEPING BAG/SMALL BLANKETS: Please pack a complete change of clothes for your child daily for children 5 & under. During Daily Movie Time, after lunch, please pack a blanket or sleeping bag labeled with his or her name. We are not responsible for bags, clothing, blankets and sleeping bags left in the building after camp.

I understand the Change of Clothes & Sleeping Bag/Small Blanket request.

8. ILLNESS & MAKE-UPS: Each well-being and safety is our priority. To maintain a healthy environment, we ask that you not bring your child to camp if he/she is sick. If your child is at camp and later appears to be too sick we will call you and request, you pick him/her up. Your child will be separated from the other children and supervised by a staff member until you arrive. If your child is picked up early or misses camp due to illness, he/she must be healthy (no vomiting, diarrhea or fever above 100 degrees) for 24 hours prior to returning to camp. Please inform Clinton Gymnastics Academy within 24 hours after their child or any member of the immediate household has developed any communicable disease.

I/We will adhere to illness/makeup policies.

9. HEALTH CONCERNS AND ALLERGIES

To help with the best camp experience, please advise of any health concerns or allergies. If none, please type None.

10. MEDICINE SELF ADMINISTRATION: Clinton Gymnastics Academy does not administer medication. Campers with Epi-Pens, Rescue Inhalers a parent/guardian must provide us with written authorization to assist in medication administration in an emergency. Any Epi-Pens or inhalers in our possession for more than a month require a doctor(s) note. Clinton Gymnastics Academy coaches are certified in CPR and First Aid.

I understand the medication policy.

10a. My child has an Epi-Pen.

10b. My child has an emergency and/or maintenance inhaler.

10c. Other: Please describe.

11. SAFE ENVIRONMENT: If a behavioral problem arises and a child creates an unsafe or significantly disruptive environment for the Campers, we will first separate the child from the situation and attempt to redirect his/her behavior verbally. If our staff is unable to remedy the situation, the Director or senior-most manager onsite will call you to discuss the problem with your child. If, after speaking with you, we determine that we are unable to maintain a safe environment, we reserve the right to expel your child from camp.

I understand the safe environment policy.

12. EMERGENCY CONTACTS IN THE EVENT PARENTS/GUARDIAN ARE NOT REACHABLE:



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I authorize Clinton Gymnastics Academy staff to contact the below emergency contacts to act on behalf of myself if I am not reachable for medical emergencies or behavioral issues regarding my child. Please provide at least two if possible.

13. ACTIVITY WAIVER (ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY)

As legal the guardian of my designated students, I hereby consent to all student(s) participating in this facility's programs. I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheer leading, dance, martial arts, gymnastics and physical activity in general (during birthday parties, camps, Friday Night Fun Clubs and playdates and skill clinics. I understand that it is the express intent of all staff and personnel to provide forth safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/ or control during any and all classes or extra-activities. Acknowledgement of Risk and Waiver of Liability: I understand that there may be some risks of injury associated with participation in gymnastics; and I agree to waive any and all claims of liability, release and hold harmless Clinton Gymnastics Academy (CGA).

14. AUTHORIZATION TO SEEK MEDICAL ATTENTION:

In the event of accident or injury, when parent, legal guardian or emergency contacts are not available, I give my permission to Clinton Gymnastics Academy (CGA).

15. GENERAL MINOR AUDIO/VISUAL RELEASE:

I, the undersigned, do here by grant permission for my (son, daughter, ward) to appear in any visual/audio, photographic, commercial, instructional productions. I am aware that this maybe edited as necessary, used in whole or in part, or deleted. I understand that any audio/visual production in which the appearance(s) occurs will be used to promote the gym and its events. I also understand the recorded program(s) maybe exhibited before community or other groups or individuals in any or all formats. It also may be distributed via cable television, broadcast television and satellite, in addition, videotaped copies of the program may be made and distributed. I consent to the use of the name, likeness, voice or biographical material of my child/ward in connection with program publicity and promotion. I relinquish all rights claims, and interests of any nature including but not limited to monetary claims, which I might have against Clinton Gymnastics Academy (CGA), or any other persons connected with the production. I agree that the recorded program(s) maybe broadcast and/or distributed by the Clinton Gymnastics Academy (CGA) in perpetuity throughout the world.

16. TRAVEL AUTHORIZATION

CGA may schedule trips to local parks in Clinton, MD. Trips will be scheduled in the morning and a schedule will be made known to parents. I give CGA permission to transport my child. On day of trips to park children must be in closed toe shoes.

17. ACKNOWLEDGEMENT OF TERMS & CONDITIONS

By typing my name, I hereby agree to the terms and conditions presented regarding summer camp. To print a copy of the terms and conditions, they can be found on the summer camp page.