

# Summer Camp



Amazing Field Trips, Fun Outdoor Games,  
Gymnastics, Bounce Houses, Ice Cream Truck,  
Swimming, Jammie Day, Themed Games and Crafts!

## Dates & Themes

Week 1 June 1st-5th: **PIRATES AND MERMAIDS**

Week 2 June 8th-12th: **SUMMIT'S GOT TALENT**

Week 3 June 15th-19th: **CIRQUE DU SUMMIT**

Week 4 June 22nd-26th: **WET & WILD**

Week 5 June 29th-July 3rd: **PARTY IN THE USA**

Week 6 July 6th-10th: **WACKY & WONDERFUL**

Week 7 July 13th-17th: **NINJA WARRIOR**

Week 8 July 20th-24th: **ANIMAL PLANET**

Week 9 July 27th-31st: **SUMMIT ARCADE**

Week 10 August 3rd-7th: **GAME SHOW MANIA**

Week 11 August 10th-14th: **MAD SCIENCE**

Every Tuesday morning we will be walking to  
Bushmaster Park! Other field trips may be  
scheduled when facilities can accommodate us.

**Ages 4-12 years**

**June 1st - August 14<sup>th</sup>**

**7:30 am - 5:30 pm**

**Monday-Friday**

## Camp Prices

**Full Day All Week: \$225\***

## Multiple Week Discount

**(Per Full Week/Full Day)**

**1-2 Weeks: \$225**

**3-4 Weeks: \$220**

**5-6 Weeks: \$215**

**7+ Weeks: \$210**

**\*Full week/full day required  
to reduce the number of  
campers coming into contact  
with one another**

**\*Reduced number of  
campers/week, spots reserved  
in order packets received**

**Bounce House, Ice Cream Truck, Jammie Day EVERY FRIDAY!**

**Summit Gymnastics Academy**

**1926 N. 4<sup>th</sup> Street, Suite #7**

**526-0644**

**summitgymnasticsinfo@gmail.com**

## SGA Full-Day Summer Camps

The happiest place under Flagstaff's summer sun! Summit Gymnastics Academy has the best summer camp program that Flagstaff has to offer. It's fun, flexible, and affordable! SGA summer campers engage in themed activities all day, every day; from gymnastics to high energy games, field trips to in-house programs, our campers are never bored! Our low rates and flexible options are sure to keep you coming back for more!

### For all children ages 4-12

#### Dates:

Monday June 1st-Friday August 14<sup>th</sup> 7:30am – 5:30 pm

#### Costs:

\$10 T-Shirt fee

Register for:

1-2 Weeks: \$225

3-4 Weeks: \$220

5-6 Weeks: \$215

7+ Weeks: \$210

*Weeks 3, 7 and 8 have additional fees associated with entry fees and the cost of transportation*

*With the uncertainty we continue to face we are unable to guarantee that the field trips will occur. We may face cancellations and/or changes to the field trip schedule and will alert parents to those changes as soon as possible!*

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## Information for Parents

### General Information:

Snack Times: 9 am & 3 pm  
Approx. Lunch: 11:30 pm

### Quiet Time:

Students may bring a toy, game, or other quiet activity for periods after snack and lunch.

### Field Trips:

Field trips will vary week to week based on the theme. Some field trips we will be walking (i.e. Aquaplex), others we will be taking FUSD busses with their licensed drivers. For all field trips, please make sure that each child is equipped with closed-toed, tie shoes, a backpack, water bottle, sun screen, and anything else you feel they may need. Students will be carrying their belongings so keep it light! Specific information for each adventure will be given out a week prior.

### Bounce House, Ice Cream Truck & PJ Day

“Jump in Your Jammies”! All Fridays are PJ & movie day, bounce house, and a visit from the Ice Cream Truck! Information on dates, movies, and associated permission slips are included in the packet, please be sure to sign permission forms for movies so that your child may participate.

*You wear your PJ's and we'll bring the bounce house and ice cream!*

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## How to Register

1. Read Summer Camp Rules & Policies
2. Fill out all required forms (Registration, liability, scheduling)
3. Fax or bring in immunization forms  
**(928)-526-5923**
4. Bring completed packet (forms, immunization records, etc.) and deposits to SGA front desk.



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## Camp Rules & Policies

### Food/ Drinks

Please pack a lunch and two (2) snacks that **do NOT require refrigeration or heating**. If your child needs more food, please pack more or send them with money for snacks from our store. **THERE IS ABSOLUTELY NO SHARING OF FOOD OR DRINKS**. Please notify the camp director if your child has any food allergies. All food and drink will be consumed in the Birthday Clubhouse only. All water bottles, lunch boxes, food containers, etc. should be labeled with your child's name and placed in a cubby at the front.

### Field Trips

SGA camp t-shirts **must** be worn on all field trips. If a student does not have a camp t-shirt before we leave for the scheduled field trip, another must be purchased for \$10 at the SGA store. Tennis shoes or good walking shoes must be worn to the gym. No money will be necessary on field trips, snacks will be eaten at the gym before leaving and lunch will be had upon return. For certain field trips students will be eating on-site and must therefore bring a sack lunch.

**Permission Forms:** Many of the field trips require their own permission forms which will be handed out every Monday of each week and must be filled out for the child to participate.

### Misc.

- Parents/ Guardians must sign each child in & out at the front desk, providing names and phone numbers each day.
- No cell phones are allowed. If a student brings a cell phone it must be kept in the student's cubby until the end of the camp day. Any electronics that are brought into the gym are not the responsibility of the camp, any losses or damages will be the responsibility of the parent/ child.
  - The SGA phone is always available for use (928)-526-0644 to contact parents/ guardians and children.
- Shoes (closed toed) **must** be worn to the gym each day.
- Please check the lost and found box at the end of each week. **All items left at the end of summer will be donated!**

## **Immunizations/ Emergency Forms**

**Immunizations are an important public health policy affecting children. As a matter of state law, children in the program must:**

- Be fully immunized
- Be in the process of becoming fully immunized according to the approved schedule or,
- Have a physician's statement that immunizations are not needed for medical reasons or a note from the parent stating that the child is not immunized due to religious beliefs.

**The immunization form must be completed and turned in with the registration packet before the start of camp.**

**Please have your physician fax immunization records to Summit Gymnastics Academy at:  
(928) 526-5923**

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## **Covid 19 Safety Protocol**

Summit Gymnastics Academy will be following CDC's safety recommendations, and anything mandated by the state and county.



# SGA 2020 Summer Camp Registration Form

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

## Camp Prices

### Register for:

1-2 Weeks: \$225

3-4 Weeks: \$220

5-6 Weeks: \$215

7+ Weeks: \$210

~~Single full day: \$55~~

~~Single half day \$40~~

\$10 T-Shirt fee

10% Sibling Discount

**Full week/full day required**

**Full payment due two weeks prior to  
registered camp week**

## Payment Policies

**You must initial all statements and sign at the bottom of this section to participate in SGA Summer Camp.**

\_\_\_\_\_ I understand that my camp balance is due the **Monday two weeks prior to the registered camp week** or I will lose my child's spot

\_\_\_\_\_ I understand that if I would like to use a payment method other than the credit card I have provided on the Credit Card Charge Authorization Form, I must provide another form of payment before 10:00AM Monday morning two weeks prior to my registered camp week.

\_\_\_\_\_ I understand that if I am more than 10 minutes late for the 5:30 pick-up time I will be charged \$1.00 per minute, starting at 5:41 pm.

\_\_\_\_\_ I understand that my child must adhere to SGA's Safety Rules and Discipline Policies and that recurring transgressions may result in my child losing their spot in camp without refund or permission to return.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

## Allergies & Medical Conditions

Please list and describe any allergies and known medical conditions that SGA should be aware of.

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## Additional Pick-Up Release

I have authorized the following person(s) to pick up my child/ children from SGA's 2020 Summer Camp:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_ Does **NOT** have authorization to pick up my child/ children.

## Field Trips & Movies

You must initial all statements and sign at the bottom of this section to participate in SGA Summer Camp.

\_\_\_ I understand that by dropping my child off on a day with off-site field trips, my child will be participating in the following field trips including but not limited to: Northern Arizona University, Flagstaff Aquaplex Swimming Pool and various Flagstaff City Parks.

\_\_\_ I understand that my child/ children will be riding on an FUSD yellow school bus to get to many of the scheduled field trip activities or else walking as a group to the field trip destination.

\_\_\_ I understand that my child/ children will watch a movie rated "G" or "PG" most Fridays, I consent to this arrangement and will notify the summer staff if this changes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## Camper Weekly Schedule

**Please check next to each week you would like to register for. Full weeks of full days are required. No half days or partial weeks!**

**Drop off is between 7:30-9:00am everyday and pickup is no later than 5:30pm.**

**Camper Name:** \_\_\_\_\_

✓	Week	Schedule	Fees
	<b>Week 1:</b> June 1-5	Full Week Full Days	
	<b>Week 2:</b> June 8-12	Full Week Full Days	
	<b>Week 3:</b> June 15-19	Full Week Full Days	
	<b>Week 4:</b> June 22-26	Full Week Full Days	
	<b>Week 5:</b> June 29-July 3	Full Week Full Days	
	<b>Week 6:</b> July 6-10	Full Week Full Days	
	<b>Week 7:</b> July 13-17	Full Week Full Days	
	<b>Week 8:</b> July 20-24	Full Week Full Days	<b>\$20 Fee</b>
	<b>Week 9:</b> July 27-31	Full Week Full Days	
	<b>Week 10:</b> Aug 3-Aug 7	Full Week Full Days	
	<b>Week 11:</b> Aug 10-14	Full Week Full Days	



# SGA Registration & Liability Release

## Sports Instruction Programs

<b>For office use only:</b>	
Email	_____
Reg Fee Paid	_____
T-shirt	_____
Credit/Debit	_____
Database	_____

Today's date \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

#1) Student's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Gender: Male Female

Student's Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_ Current Age \_\_\_\_\_

#2) Student's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Gender: Male Female

Student's Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Mother's Work # \_\_\_\_\_ **Mother's E-mail (most reliable)** \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Father's Work # \_\_\_\_\_ **Father's E-mail (most reliable)** \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**\*\* Please declare any physical problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations that would be important for us to be aware of:**

\_\_\_\_\_

### Please read this Liability Release Form carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in SGA activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless B&B Innovations, Inc., its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which SGA is conducted, or any premises under the control and supervision of B&B Innovations, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by B&B Innovations, Inc., its owners, officers, agents, or employees.

**Assumption of Risk** - Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Release

The undersigned gives permission for B&B Innovations, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Marketing Release

I understand that my child's likeness may be used in Summit Gymnastics Academy ads, promotional videos, website material, or various other marketing. These images will be used for SGA purposes only and will not be given or sold to outside companies or individuals.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

**Arizona Department of Health Services**  
Bureau of Child Care Licensing

**Travel Permission Form**

R9-3-408.A.1.a-c  
R9-5-517.A.1

**PERMISSION to transport a child from the Facility or Group Home**  
My child has permission to be dropped off at or picked up from his/her school,  
bus stop or another location.

Child's name:	
Name of location where the child will be dropped off and/or picked up:  Summit Gymnastics Academy	
*Beginning date:  June 1st, 2020  <small>*The time period is not to exceed 12 months, during which permission is given for other trips away from the facility or group home.</small>	*End date:  August 14th, 2020
Time(s) to be dropped off and/or picked up:  Between 8:00am & 5:30pm Mon-Fri	
Special Instructions:	
Parent/Guardian Signature:	Date:

R9-3-408.B.1. - Maintain a copy of the written permission for 12 months after the date of the last trip.  
R9-5-517.A.2 - Maintain a copy of the written permission on facility premises for 12 months after the date on the written permission.

## Bullying Policy

At Summit Gymnastics Academy, bullying is inexcusable, and we have a firm policy against all types of bullying. Each camper is expected to treat all other campers with respect, and to help each other achieve the best possible experience. If a camper has difficulty meeting this expectation, parents may be called upon to assist.

Our staff addresses all incidents of bullying seriously. We work together as a team to ensure that campers gain self-confidence, make new friends, and go home having had a positive camp experience.

Please review the guidelines with your child.

- Talk in a pleasant manner. Foul language, putdowns and bullying will not be accepted.
- Be Safe! Always obey camp rules, bus rules, field trip rules and staff.
- Treat all equipment and supplies with proper care and respect.
- Show respect for fellow campers, bus drivers, and the SGA staff.
- Aggressive behavior that is threatening to the campers, staff or others will not be permitted.
- Participate in activities, rotation, field trips and cooperate with staff.
- Have a positive attitude and have fun!

\*Camper fees are non-refundable if a camper is sent home for disciplinary reasons. Physical violence, such as biting, shoving or hitting and/or bullying toward another camper or staff member may result in immediate dismissal from the camp program.

## Discipline Procedures

When a camper does not follow the behavior guidelines, we will take the following action steps as behavior problems progress.

1. Staff will redirect the camper to more appropriate behavior.
2. If inappropriate behavior continues, the camper will be reminded of behavior guidelines and camp rules, and the camper will be asked to decide on action steps to correct his/her behavior.
3. If a child's behavior still does not meet expectations and is affecting the experience of other campers, he/she will be referred to the lead counselor.
  1. Written warning will be given to parent/guardian identifying unacceptable behavior. The lead counselor or Camp Director will speak with the parent/guardian. You will be required to sign the written warning and may be asked to pick your child up from camp. A 2<sup>nd</sup> written warning (depending upon the severity of the behavior) may or may not be given.
  2. If inappropriate behavior continues, as a final action step the parent/guardian will be required to pick the camper up and the camper will be dropped from Summer Camp.

**SUMMER CAMP  
CREDIT CARD CHARGE AUTHORIZATION**  
Please Print Clearly

\*Bottom portion will be entered in computer system, cut, and then shredded.  
SGA will file the top portion for our records.

**PAYMENT SCHEDULE** (Please circle one):    MONDAY TWO WEEKS PRIOR    INCIDENTAL

STUDENT NAME(S) \_\_\_\_\_  
\_\_\_\_\_

BEST EMAIL \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

**CREDIT CARD CHARGE AUTHORIZATION**  
I AUTHORIZE SUMMIT GYMNASTICS ACADEMY TO CHARGE THE CREDIT CARD ON FILE FOR MONTHLY TUITION AND ANY ADDITIONAL FEES (ANNUAL REGISTRATION, LATE FEES, RETURN FEES, AND MERCHANDISE DUE) ON THE 1<sup>st</sup> OR 15<sup>th</sup> OF THE MONTH. ALL CREDIT CARDS RETURNED FOR NON-PAYMENT FOR ANY REASON WILL RESULT IN A \$15 SERVICE CHARGE APPLIED TO THE ACCOUNT.  
AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY:  
\_\_\_\_\_

**PLEASE CIRCLE:**            VISA            MASTERCARD            DISCOVER

CARD HOLDER NAME \_\_\_\_\_

CC# \_\_\_\_\_ EXPIRATION \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ City \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_



## Camp Packet Checklist

- Completed Registration Form
- Completed Weekly Schedule
- Completed Liability Form
- Completed Emergency Contact Information Sheet
- Completed Immunization Form
- Immunization Records (faxed OK)
- Completed Travel Permission Form
- Completed Credit Card Permission Form
- Entered into System
- Entered in Book
- Copy for Binder

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_