

EMERGENCY RELEASE

In the event of an emergency, I _____ allow my child, _____ to be taken to Fayette Medical Center to be examined for his/her injuries. My insurance carrier is _____ and my policy number is _____. If you have any questions, please call me at _____ or _____. Thank you.

Parent's Signature: _____

PARENTAL CONSENT RELEASE

In order to provide a safe environment for all children in summer camp, we require identification **and** a personal password from *anybody*, who picks up a child. Please list all persons who have your permission to check your child out of summer camp. If someone is NOT on this list, they will not be able to pick up your child. *Please list yourself and spouse.*

Child's Name: _____

Parent's Signature: _____

Personal Password: _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

It is YOUR responsibility to notify these people

Of our I.D requirements and password.

PARENTAL AGREEMENT

This is to certify that Gym South has informed you that we **DO NOT** charge extra for extended care from 7:00-9:00AM and 4:00-6: _____ PM.

PARENT'S SIGNATURE: _____ DATE: _____

Gym South Registration Form

Day Camps

Today's date: _____

Students Name:	Birthday:	
Male/Female:	Home Phone:	
Address:	Mother's work #:	
City:	Zip:	Father's work #:
Mother's Name:	Cell phone #:	
Father's Name:	Email:	
Person to contact if parent is unavailable:		
Name:	Relationship:	Phone #:
Other family members enrolled at Gym South:		
Family Doctor:	Dr.'s #:	
Medical Insurance Co:	Policy #	

How did you hear about Gym South? _____

Please Note Gym South Policies (Please initial before each line.)

- Save \$5 each week by registering your child by Friday of the previous week.
- It is the parent/guardian's responsibility to see that his/her child is **picked up by 6 PM**. Anyone picking up a child must know the password, or be on the list and show photo ID. If you need to have someone other than those persons listed in your camp packet, please call the gym, notify them of the change and give that person the password. That person should also be prepared to show photo ID.
- I understand that the fee for **LATE PICKUP IS \$5 FOR EACH 15 MINUTES PER CHILD**.
- All sessions that contain a holiday will be prorated for the days affected, so no make-up will be needed.
- Gym South has a **\$30 charge** for returned checks.
- Camp activities begin at **9 AM** with a warm-up and stretch and end at **4 PM** after snack.
- I understand that the hours of **7-9 AM** and **4-6 PM** are considered extended care, and there is no extra cost.
- THERE ARE NO REFUNDS**. You are paying for your child's spot in camp. We may issue a credit for missed camp days due to an illness or injury if you notify the front desk before 8:00 AM on the missed camp day.
- I have read and understand the camp discipline policies and procedures.
- I understand that my child will walk to both bowling and skating activities.
- I understand that my child must wear a Gym South Camp shirt to bowling and skating activities.
- Children need to bring socks and the Gym South camp tshirt on bowling and skating days.
- Children will be spending time outdoors and should bring sunscreen for outdoor activities including swimming.
- Children may not bring toys from home.
- Children must not have any money in their possession or in their items stored in bathroom cubbies.
- Children should not bring any valuables to camp. **GYM SOUTH IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS**.
- Our emphasis and energies are **ALWAYS** on safety first, but please remember that gymnastics is a potentially dangerous sport. Any activity involving motion, rotation, or height creates a possibility of serious accidental injury.
- In the case of inclement weather, I give permission for my child to be transported to off-site activities by vehicle.

By initialing above & below, I understand these important Policies of Gym South and agree to abide by them. Initials: _____

I certify that my child, _____ has had a physical exam in the past year / / _____ and is in good physical health. I have been informed that J.R. & S.T Inc. (Gym South) does not carry a supplemental insurance policy and that it is my responsibility to carry adequate health insurance and pay any additional medical fees not covered by my health insurance. Any activity involving motion, height or water creates the possibility of serious injury. I agree that Gym South may approve transport in case of an emergency. Also, my child may have his/her picture taken during activities where appropriate.

Signed: _____ Date: _____

Child's Name: _____

I understand that my child will be required to wear the Gym South camp T-shirt for each event that requires my child to leave the building during camp.

If I register for a full week of camp, the t-shirt price is \$5.

If I register for a 3 day camp, the t-shirt price is \$10

I may purchase extra t-shirts for \$10 each.

If my child is only registering for one day of camp, I must purchase the t-shirt for \$10.

If my child forgets to bring his/her t-shirt on a bowling or skating day, I understand that I will be required to purchase another shirt for that day for \$10.

Shirt size given: _____ Initials: _____ Date: _____

Received by: _____

I understand that Drop off is as early as 7:00 AM, and that pick-up is as late as 6:00PM. If I am late picking up my child, I will be charged \$5.00 (per child) per quarter hour.

Parent's signature: _____ Date: _____

Due to our Partnership with some of the area schools, we ask that you please provide us with the name of the school that your child attends:

School name: _____

MEDICAL INFORMATION

Child Name: _____

Please list below any allergies that your child may have (food, medicine, insect bites, etc.)

ALLERGY	INSTRUCTIONS
_____	_____
_____	_____
_____	_____
_____	_____

If your child will be taking any medications please let the front desk staff know and place the medication in a container or sandwich bag containing the child's name and instructions for giving the medication.

Please list below any illnesses or conditions that we should know about
