

# SUMMER SPORTS DAY CAMP 2017

**FROM May 30th –July 28th, 2017**  
**FOR GIRLS AGES 5\*-12 AND BOYS AGES 5\*-10**

ONE WEEK OF OUR FUN! FUN! FUN! CAMP INCLUDES:

- Gymnastics, and Tumbling with our trained coaches
- Rock-Climbing, Bungee, Zip-Line, Trampolines, Air Hockey, and Moonwalks
  - Swimming Daily (Weather Permitting)
- Field Sports--Kickball, Soccer, Frisbee, etc.(Weather Permitting)
  - Open Gym Time (KID'S FAVORITE!)
  - Fun and Games of all Kinds

WE DON'T GO ON FIELD TRIPS! **WE ARE THE FIELD TRIP!** WHERE ELSE CAN YOUR CHILD DO ALL THIS? EVERYTHING IN ONE LOCATION! ALL ACTIVITIES TAKE PLACE AT ROCKDALE GYMNASICS!

We provide activities from 9:00 a.m. to 4:00 p.m.  
Supervision is provided from 7:30 a.m. to 6:00 p.m. SHARP!

**CAMP REGISTRATION FEE: \$30 per child, per year, due at sign-up.**  
**(No Sibling discount. This fee is waived if you've already paid the Reg. Fee for Classes.)**

## **SPORTS DAY CAMP COSTS:**

<b><u># OF WEEKS</u></b>	<b><u>1<sup>ST</sup> CHILD</u></b>	<b><u>2<sup>ND</sup> CHILD</u></b>	<b><u>3<sup>RD</sup> CHILD</u></b>
1	\$145/WK	\$125/WK	\$115/WK
2	\$135/WK	\$120/WK	\$105/WK
3	\$125/WK	\$105/WK	\$100/WK
4 OR MORE	\$115/WK	\$100/WK	\$100/WK

Discounts are calculated when you sign up. 2<sup>nd</sup> and 3<sup>rd</sup> child discounts apply only to siblings. **If you decide to add weeks later in the summer, you will receive discounts for the added weeks only.**

**A Non-Refundable Deposit will be due at sign-up.**

The *deposit is 30.00* for the first child per week up to 4 weeks (maximum \$125.00) & for the second \$25.00 child up to 4 weeks (maximum \$100.00). or  
**(the total amt for the last week you reserve)**

There is no deposit required for the 3<sup>rd</sup> child.

All deposits are applied to your child's **LAST WEEK** of camp.

Please understand that your deposit is non-refundable.

After you register your child for Summer Camp and decide to not attend any weeks you signed up for, you must notify the front office in writing or you will be charged a \$25.00 processing fee if the child just doesn't show up.

**THE GYM WILL ALSO BE CLOSED Monday May 29<sup>th</sup> for Memorial Day**  
**TO REGISTER FOR SUMMER CAMP, STOP BY THE FRONT OFFICE AND FILL OUT THE PROPER REGISTRATION FORMS. BRING YOUR CHILD'S HEALTH INSURANCE CARD SO WE CAN MAKE A COPY!**

**YOUR CHILD MUST HAVE HEALTH INSURANCE IN ORDER TO ATTEND OUR DAY CAMP!**

**ROCKDALE GYMNASTICS SUMMER SPORTS CAMP 2017**

**PARENTAL PERMISSION FORM**

My child desires to attend the Rockdale Gymnastics Summer Day Camp knowing they will have the greatest and most active summer ever! They agree to abide by all camp rules. I verify that my child has received a physical exam within the past year and is in good physical health. I understand that it is **MY** responsibility to carry adequate health insurance. I understand my child must be covered with health insurance in order to participate in the day camp. Rockdale Gymnastics carries a supplemental insurance policy. I realize that any activity involving sports, motion, or height involves the possibility of injury, and I accept the risks involved. Rockdale Gymnastics has my permission to obtain proper medical treatment for my child if necessary at my expense. I will notify the front office in advance if I drop a week of camp. If not I understand I will be charged a \$25.00 processing fee for that week. I give my permission for photo's of camp and my child to be published on our web sight.

**YOU MUST BRING YOUR CHILD'S INSURANCE CARD IN ORDER TO SIGN UP.**

**DAY CAMP COSTS:**      Camp Registration Fee:      \$30.00 per year per child.  
   Camp Tuition: \_\_\_\_\_      \$145.00 per week  
   \_\_\_\_\_      \$ 45 per day

(See Multiple Week Discount and Sibling Discount on other side.)

**Please check the camp weeks your child will be attending:**

**SUMMER SPORTS CAMP DATES:**

- \_\_\_\_\_ WEEK 1: MAY 30- June 2\*
- \_\_\_\_\_ WEEK 2: JUNE 5 - 9
- \_\_\_\_\_ WEEK 3: JUNE 12 - 16
- \_\_\_\_\_ WEEK 4: JUNE 19 - 23
- \_\_\_\_\_ WEEK 5: JUNE 26 - 30

\*Discounted rate for holiday week 1 and 6  
(for the 1<sup>st</sup> child only)

- \_\_\_\_\_ WEEK 6: JULY 5- JULY 7\*
- \_\_\_\_\_ WEEK 7: JULY 10 - 14
- \_\_\_\_\_ WEEK 8 : JULY 17 - 21
- \_\_\_\_\_ WEEK 9: JULY 24 - 28

\*Discounted rate for holiday week 1 and 6  
(for the 1<sup>st</sup> child only)

\_\_\_\_\_ 1<sup>ST</sup> CHILD'S NAME    AGE    DATE OF BIRTH

\_\_\_\_\_ 2<sup>ND</sup> CHILD'S NAME    AGE    DATE OF BIRTH

\_\_\_\_\_ PARENT'S NAME    HOME #

\_\_\_\_\_ CELL#    WORK#    EMERGENCY#

\_\_\_\_\_ INSURANCE CARRIER    POLICY #

\_\_\_\_\_ PARENT'S SIGNATURE    DATE

**Office use Only:**      INSURANCE CARD: \_\_\_\_\_      REGISTRATION CARD: \_\_\_\_\_  
INITIALS: \_\_\_\_\_      Reg. Fee: \_\_\_\_\_      PAYMENT: AMT: \_\_\_\_\_      TYPE: \_\_\_\_\_  
DATE: \_\_\_\_\_