

2021 Randolph Gymnastics Sumer Camp

Camper Name: _____ Age: _____ DOB: _____

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PLEASE CIRCLE: Half Day / Full Day

Please Circle The Day's That Your Child Will Attend Camp

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	6/28	6/29	6/30	7/1	7/2
Week 2	Closed	7/6	7/7	7/8	7/9
Week 3	7/12	7/13	7/14	7/15	7/16
Week 4	7/19	7/20	7/21	7/22	7/23
Week 5	7/26	7/27	7/28	7/29	7/30
Week 6	8/2	8/3	8/4	8/5	8/6
Week 7	8/9	8/10	8/11	8/12	8/13
Week 8	8/16	8/17	8/18	8/19	8/20
Week 9	8/23	8/24	8/25	8/26	8/27
Week 10	8/30	8/31	9/1	9/2	9/3

CREDIT CARDS WILL BE USED FOR PAYMENT PLANS AND BEFORE & AFTER CARE

Credit Card #: _____

Exp. Date: _____ Card Code: _____

Payment Plans will have and additional fee of \$5.00 per payment

<p>Office Use ONLY</p> <p>Registration Fee Due \$ _____ <i>\$35 1st child/\$30 2nd child/\$25 3rd child</i></p> <p>Deposit Due \$ _____ <i>\$100 per camper</i></p> <p>MOP: _____ DATE: _____</p> <p>Total Tuition Due \$ _____</p> <p>MOP: _____ DATE: _____</p>	<p>OFFICE USE ONLY</p>
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3 Middlebury Blvd
 Randolph NJ 07869

Phone: (973) 584-4111 Email: randolphgymnastics@yahoo.com

Website: randolphgym.com

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Camper Name: _____

Camper Name: _____

Camper Name: _____

Address: _____

Mother's Name/Cell #: _____

Father's Name/Cell #: _____

Email: _____

EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

In addition to parents, ONLY those on the below list will be allowed to pick up a camper from camp. Please list all additional persons authorized to pick up your child. No child will be released without emergency verbal/written permission. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up you child. You are welcome to add or to delete from this list at any time; please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to Randolph Gymnastics.

ADDITIONAL AUTHORIZED PICKUP (Guardian, friends, nanny, babysitter, relatives, etc.)

NAME / CELL / RELATION TO CHILD

I/We the parent(s) of _____ (or legal guardian) if under the age of (18) realize and acknowledge that gymnastics is a physical activity involving potential risk to the participant and agrees to hold harmless and indemnify Randolph Gymnastics, it's instructors, employees, officers, directors, and agents from any and all claims including, but not limited to, those arising from negligence. Any special medical conditions which might effect your child(ren)'s participation in gymnastics have been indicated.

Agreed to By (parent/guardian) _____ Date _____

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