



2021 Twisters Gymnastics Summer Camp June 28th- Sept 3rd



Twisters Gymnastics will be offering an exciting, fun filled day camp program run by our EXPERIENCED staff members! Twisters has been running a successful summer camp for over 25 years and our goal has always been to promote your child's self esteem and confidence while they have fun, build friendships and learn the fundamentals of gymnastics.

*** Camp will run for a total of 10 weeks***

*** Full day- 9:00-4:00***

* Before Care begins 8:00

* After Care until 6:00

The more you come the more you save!!



1-4 Weeks- \$330 per week
5-7 weeks- \$300 per week
8-10 weeks- \$260 per week



* Before care is available for \$25 PER WEEK PER CHILD*

After care is available for \$25 PER WEEK PER CHILD (5:00PM pickup) or \$50 PER WEEK PER CHILD (6:00PM pickup)

\$20 registration fee for non -members

Most weeks will have special visitors at an additional charge (\$5-25 per child). Full info available in the info packet.

Please keep in mind there are NO REFUNDS OR MAKE-UPS allowed for camp!



ACTIVITIES INCLUDE:

* Instructed gymnastics * Open workouts * Inflatables
* Outside play * Team sports * Games * Themed days * Arts & crafts



MINIMUM AGE FOR CAMP IS 5 YEARS OLD

385-A Franklin Ave, Rockaway, NJ 07866

Phone: 973-627-3276 Fax: 973-627-3255

www.twistersNJgymnastics.com

twistersNJgymnastics@gmail.com

Twisters Gymnastics 2021 Summer Camp Application



On roster Mailing list
Trips Packet

Camper Name: _____ Age: _____ DOB: _____ F/M _____

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Camper Name: _____ Age: _____ DOB: _____ F/M _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Father's Name/Cell #: _____

Mother's Name/Cell #: _____

Email: _____

Emergency Contact (other than parent): _____ Phone: _____

Credit Card # (REQUIRED): _____ Exp. Date: _____ CVV: _____

****Credit cards will only be charged for unpaid balances after your camp starts and unpaid before/after care payments**
A \$100 non-refundable deposit per child is due at the time of reservation. The remaining balance and all paperwork is due in full ON/BEFORE your child's first day of camp.**

| Please circle: | | | | | |
|----------------|------|------|------|------|------|
| | M | T | W | TH | F |
| Week 1 | 6/28 | 6/29 | 6/30 | 7/1 | 7/2 |
| Week 2 | 7/5 | 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 |

| | |
|------------------|------------|
| Office Use Only: | |
| Total Weeks: | Total Due: |
| Deposit Amount: | |
| Date: | MOP/Rec #: |
| Payment Amount: | |
| Date: | MOP/Rec #: |
| Payment Amount: | |
| Date: | MOP/Rec #: |
| Payment Amount: | |
| Date: | MOP/Rec #: |
| | |
| | |
| Extra's Total: | |
| Date: | MOP/Rec #: |

I understand that there are NO REFUNDS/MAKE-UPS/SWITCHING DAYS after the deposit is made.
I/We the parent(s) (or legal guardian if under the age of 18) of _____
realize and acknowledge that gymnastics is a physical activity involving potential risk to the
participant and agree to hold harmless and indemnify Twisters Gymnastics, its instructors, employees
officers, directors, and agents from any and all claims. Any special medical conditions which might
effect our child's participation in gymnastics have been indicated.

*Agreed to by (parent/guardian) _____ Date: _____