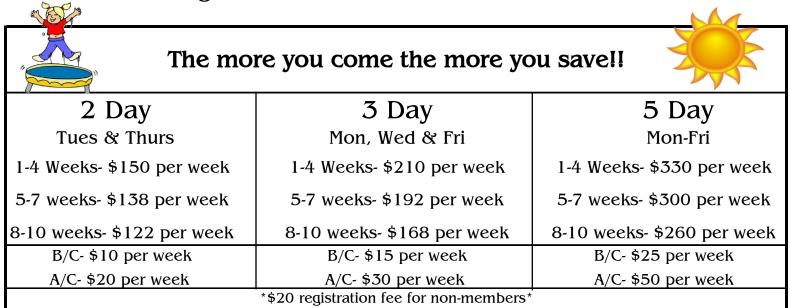
## 2021 Twisters Gymnastics Summer Camp June 28th - Sept 3rd

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



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** On roster Mailing list **Summer Camp Application** Packet Visitor Events Camper Name: Age: DOB: F/M Camper Name: Age: DOB: F/M Camper Name: Age: DOB: F/M City: Address: St: Zip: Work Phone: Home Phone: Father's **Name**/Cell #: Mother's Name/Cell #: Email: Emergency Contact (other than parent): Phone: Exp. Date: CVV: Credit Card #(REQUIRED): \*\*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. Office Use Only: FULL DAY Please circle: Total Weeks: Total Due: **Deposit Amount:** Week 1 2 DAYS **3 DAYS** 5 DAYS Date: MOP/Rec #: Week 2 2 DAYS**3 DAYS** 5 DAYS **Payment Amount:** Week 3 2 DAYS **3 DAYS** 5 DAYS Date: MOP/Rec #: Week 4 2 DAYS **3 DAYS** 5 DAYS Payment Amount: Week 5 2 DAYS **3 DAYS 5 DAYS** MOP/Rec #: Date: Week 6 2 DAYS **3 DAYS** 5 DAYS **Payment Amount:** Week 7 2 DAYS**3 DAYS** 5 DAYS Date: MOP/Rec #: Week 8 2 DAYS **3 DAYS** 5 DAYS

I understand that there are NO REFUNDS/MAKE-UPS/SWITCHING DAYS after the deposit is made. I/We the parent(s)/legal guardian (if under the age of 18) of \_\_\_\_\_

5 DAYS

5 DAYS

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 affect our child's participation in gymnastics have been indicated.

\*Agreed to by (parent/guardian)\_\_\_\_\_

2 DAYS

2 DAYS

**3 DAYS** 

**3 DAYS** 

Week 9

Week 10

\_\_\_\_\_ Date:\_\_\_\_

**B/C Care Total:** 

Extra's Total:

MOP/Rec #:

MOP/Rec #:

Date:

Date: