

Sugar Land Gymnastics, Inc. - Summer Camp 2020

Child Name: _____ Age: _____ DOB: _____

Mother Name: _____ Mother Cell: _____

Father Name: _____ Father Cell: _____

Home Phone: _____ E-mail: _____

Pick-up Info (If different than above) Name: _____ Cell: _____

How did you find out about our camp? _____

Are you a current member? Yes or No If so, what class are you enrolled in? _____

Please list any physical conditions/chronic injuries, medical problems and any restrictions.

Please read and initial that you understand and agree to our camp policies:

- _____ 1. Camp fees must be paid in full by the time of drop off & a parent must sign their child in.
- _____ 2. I understand there are NO REFUNDS for missed camp days and NO MAKE-UPS.
- _____ 3. I understand that aftercare fees will apply if my child is not picked up by 3:00 p.m. sharp.
- _____ 4. My child must bring lunch (except Monday-Pizza Day) & a drink each day .
- _____ 5. Only people listed on this form will be allowed to pick up my child.
- _____ 6. No cell phones or electronics will be allowed during camp hours 9:00-3:00.
- _____ 7. SLG is not responsible for any lost items at camp.
- _____ 8. If my child does not follow camp rules they may be suspended from the camp.
- _____ 9. I agree that SLG can take photos of my child for promotional purposes.

Office Use Only:

Only dates that are paid for in full will be marked.

		AM	MON	PM	AM	TUES	PM	AM	WED	PM	AM	THURS	PM	AM	FRI	PM
1	June 1 - 5															
2	June 8 - 12															
3	June 15 - 19															
4	June 22 - 26															
5	June 29 - July 3															
6	July 6 - 10															
7	July 13 - 17															
8	July 20 - 24															
9	July 27 - 31															
10	Aug 3 - 7															
11	Aug 10 - 11															
CLOSED																