**Legacy Gymnastics**

 **Summer Camps 2021**

Legacy Gymnastics will be running several specialized mini camps this summer!

Gymnastics – July 6-8/ August 3-5

Tumbling – July 27-29/August 10-12

Cheer – July 13-15/August 17-19

Ninja – July 20-22/August 24-26

Camps will run 9 am – 12:30 pm



**Pricing**

1st camp - $125

2nd camp - $110

3rd camp and beyond - $95



It is best to send children with a backpack to keep all of their belongings organized and together.

Please remember to send with them all of the following items EVERYDAY:

*Water Bottle – Snack – Lunch – Change of Clothes-Masks for entry and exit.*

**MINIMUM AGE FOR CAMP IS 5 YEARS OLD**

$10 Registration fee for non-members

**NO REFUNDS OR NO MAKE-UPS FOR CAMP DAYS**

***Attire****:*

*Leotards, shorts, leggings, t-shirt, tank top, hair tied back*

*Jeans or clothes with buttons should not be worn*

*Absolutely no jewelry*

***SOCIAL DISTINCING GUIDELINES WILL BE FOLLOWED****.*

***PAYMENT OPTIONS***

We accept cash, checks, debit and all major credit cards.

\*1876 Lakewood Road Toms River NJ 08755\*

732-646-4393 legacygymnasticsnj@gmail.com

**Legacy Gymnastics**

**1876 Lakewood Road Toms River, NJ 08755 \* 732-646-4393**

**Summer Camp Registration Form**

**Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_**

**Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_**

**Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Medical Problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Father(Names & Phone #’s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Circle the camp(s) your child(ren) will be attending.

**Gymnastics July 6-8 August 3-5**

**Tumbling July 27-29 August 10-12**

**Cheer July 13-15 August 17-19**

**Ninja July 20-22 August 24-26**

**Official Use ONLY: TUITION**

Tuition:\_\_\_\_\_\_\_\_\_\_ Reg Fee (non-members):\_\_\_\_\_\_\_

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

MOP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that there are **NO REFUNDS/MAKE-UPS/SWITCHING DAYS** after the deposit Is made.

I/We the parent/legal guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ realize and acknowledge that gymnastics is a physical activity involving potential risk to the participant and agrees to hold harmless and indemnify Legacy Gymnastics, its 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 affect our child’s participation in class has been indicated.

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

MEDICAL RELEASE: I give permission for Legacy Gymnastics staff to give my child simple first aid or to be transported to a hospital to receive emergency medical treatment.

PHOTO RELEASE: I give permission for Legacy Gymnastics to take and use pictures of my child/children for business-related purposes only. These pictures may be posted to Legacy Gymnastics social media accounts.

\*AGREED TO BY (parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_