ACEDAYTONA G Y M N A S T I C S

SUPPER CRPP 2020

Welcome to Summer Camp 2020!! We are looking forward to a fantastic summer full of physical fitness, confidence building, friendships, and of course, gymnastics for your child.

We have chosen a theme for each week of camp; complete with instructional gymnastics, group games, arts and crafts, and field trips. Field trips are only available to 5-Day Campers and are included in the price.

By taking a few moments to review the information in this packet, you will have a better understanding of Ace Daytona Gymnastics and its policies and procedures, ensuring that we get off to a great start. Please complete the last three pages to register. Thank you in advance for observing our policies and we look forward to helping make this one of the best summers ever for your child!

Summer Camp Pricing & Times

Camp Fees: 5 days - \$190 3 days - \$125 1 day - \$65

Registration Fee (non members only): \$20 single child/ \$35 family \$10 sibling discount applies to 5 day campers only

\$25 DEPOST REQUIRED FOR EACH WEEK YOU SIGN UP FOR (the deposit is non-refundable and will be deducted from your total weekly fee)

Please arrive 30 minutes before scheduled departure time on field trip days. You may not drop your child off or pick them up at the field trip location if you miss the provided transportation. If you miss the field trip, your child is not allowed to stay at the gym for camp.

Camp times: 8:30a-6:00p

*early drop-off is available at 7:30a - \$5 a day/\$15 a week
*please note that if you arrive after 6:00p to pick up your child, there will be a \$10.00 charge for late pick-up (charged per every 15 minutes late).

Policies

- Ace Daytona Gymnastics welcomes children ages 5-12.
- Your child will receive an Ace Daytona camp t-shirt to be worn on all field trips.
- Lunch & snacks will not be provided. Please pack a lunch, 3-4 snacks and a water bottle. Certain field trips will require a sack lunch.
- There will be no refrigerator or microwave available for the children to use for lunch/snacks. Please pack accordingly. Also, please pack any necessary utensils.
- Students are responsible for their own property and money. No toys and electronics are permitted. The use of cell phones is prohibited. If a camper is caught texting or making calls, the phone will be removed and parent will have to pick it up at the front desk. Ace Daytona is not responsible for replacing lost or stolen items. Phone calls can be made at the front desk.
- Tennis shoes must be worn on all field trips.

Check-In & Check-Out Procedures:

It is required that you sign in and sign out your child each day. If another adult other than a parent or legal guardian is picking up, we require that they must be an authorized person listed on the child's registration form. Anyone not listed on the form (i.e. visiting relative, friend, etc) must be communicated in writing by the parent or legal guardian with advance notice. Anyone picking up your child must present a valid id.

Payment Policies/Terms:

Your credit card/ACH account will always be charged on the Thursday prior to your subsequent weeks' reservation. **If you wish to pay by check or cash, payment must be received by the Wednesday preceding your reservation or your credit card will be charged. There will be a \$1.50 processing fee charged to run your credit/debit card. Absolutely no exceptions will be made and no refunds will be given for missed days/weeks or cancellations. Ace Daytona Gymnastics accepts Visa, MasterCard and Discover. Your deposit will be deducted from the amount due each week.

Thered Weeks

WEEK 1 - JUNE 1-5 The Great Outdoors Field Trip: Sanford Zoo Kick off the summer with gymnastics and outdoor fun at the zoo. Please pack a ziplock bag lunch and wear your camp t-shit & tennis shoes.

WEEK 2 - JUNE 8-12 Racecar Field Trip: NASCAR Ready, Set, GO! Start your engines as we head to the NASCAR race track. Please wear tennis shoes and your camp t-shirt.

WEEK - 3 JUNE 15-19 Disney Field Trip: Art Rageous Bring your creative vibes as we create a Disney canvas art piece at Art Rageous. Please wear your camp t-shirt.

WEEK 4 - JUNE 22-26

The Greatest Showman Field Trip: Ripley's Believe It or Not Come explore the strange, the shocking and the odd at Ripley's Believe It or Not. Please wear tennis shoes, your camp t-shirt and pack a ziplock bag lunch.

WEEK 5 - JUNE 29-July 3 Survivor Field Trips: Laser Tag Will you survive? Join us for laser tag, as we battle it out to see who will survive. Please wear tennis shoes, camp t-shirt and pack sunscreen. This is an onsite field trip. WEEK 6 - JULY 6-10 Hollywood Field Trip: Daytona Playhouse "The Wacky Wonderful Oz" Walk the red carpet as we attend the production of The Wacky Wonderful Oz. Please wear your camp t-shirt. *Friday Field Trip

WEEK 7 - JULY 13-17 Up Up & Away Field Trip: Planet Obstacle Jump, soar and explore the obstacles at Planet Obstacle. Please wear tennis shoes and your camp t-shirt.

WEEK 8 - JULY 20-24 Christmas In July Field Trip: Ice Skating Twirl and Swirl on the ice as we celebrate Christmas in July by going ice skating. Wear your camp t-shirt, bring warm clothing to wear while skating and socks.

WEEK 9 - JULY 27-31

Mad Scientist Field Trip: Museum of Arts of Science Come explore the world of science at the museum. Wear tennis shoes and your camp tshirt.

WEEK 10 - Aug 3-7 Superhero Field Trip: DynoClimb Grab your capes as we head to the rock walls and learn how to scale the walls like Spiderman. Wear your tennis shoes and camp t-shirt. Please pack a ziplock bag lunch.

WEEK 11 - Aug 10-14 Beach Vibes Field Trip: Water Day Finish off the summer with the fun games and a water slide! Please pack your swim suit, towel and sunscreen. *Friday Field Trip

Tuesday field trips will be one of the following: Movie, Splash Pad, Park



2020 Summer Camp Registration

June 1 - August 14

CHILD'S INFORMATION

| Name: | Sex: | Age: | DOB: | T-Shirt Size: | | |
|--|--|--|--------------------------|-----------------------------------|--|--|
| Name: | Sex: | Age: | DOB: | T-Shirt Size: | | |
| Name: | Sex: | Age: | DOB: | T-Shirt Size: | | |
| Mother's Name: | Father's Name: | | | | | |
| Address: | | _ City/State: _ | | Zip: | | |
| Mother Cell: | Mother Work: | ; | _ Email: | | | |
| Father Cell: | Father Work: | | Email: | | | |
| Alternative Emergency Contact: | | Numbe | er: | | | |
| | AUTHORIZE | D TO PICK | -UP | | | |
| 1. Contact Name: | Number: | | Relationship: | | | |
| 2. Contact Name: | Number: | | Relationship: | | | |
| 3. Contact Name: | Number: | | Relationship: | | | |
| 4. Contact Name: | Number: | | Relationship: | | | |
| **Please let the staff know of any cus | tody concerns. Custodial pa | rent: | | | | |
| Are there any medical issues we need | to be aware of? YES N | 0 | | | | |
| If yes, please specify: | | | | | | |
| | | | | | | |
| GUARANTEED FORM | OF PAYMENT (REQU | _ Sex: Age: DOB: T-Shirt Size: Sex: Age: DOB: T-Shirt Size: Father's Name: City/State: Zip: /ork: Email: ork: Email: ork: Relationship: AUTHORIZED TO PICK-UP Number: Relationship: Number: Relationship: Bank Account Number: ummer Camp Payment Policies of which I am in receipt; therefore, I hereby authorize redit card payment each Thursday prior to my subsequent week's reservation for the | | | | |
| Card Holder Name: | GUARANTEED FORM OF PAYMENT (REQUIRED) VISA/MASTERCARD/DISC | | | | | |
| Credit Card #: | Exp. Da | te: | CVV: | | | |
| Billing Address (if different from client | t): | | | | | |
| Bank Routing Number: | Number: | | | | | |
| I fully understand the ACE Daytona G | ymnastics Summer Camp Pa | ayment Policies | s of which I am in recei | pt; therefore, I hereby authorize | | |
| dress: City/State: Zip: ther Cell: Mother Work: Email: her Cell: Father Work: Email: ernative Emergency Contact: Number: Relationship: Contact Name: Number: Relationship: Please let the staff know of any custody concerns. Custodial parent: et here any medical issues we need to be aware of? YES NO res, please specify: PAYMENT GUARANTEED FORM OF PAYMENT (REQUIRED) VISA/MASTERCARD/DISCOVER/ACH rd Holder Name: Card Type: edit Card #; Exp. Date: CVV: Illing Address (if different from client): nk Routing Number: Bank Account Number: 2Daytona Gymnastics to prepare and submit credit card payment Policies of which I am in receipf; therefore, I hereby authorize 2E Daytona Gymnastics to prepare and submit credit card payment each Thursday prior to my subsequent week's reservation for the teky amount due, Furthermore, I understand that NO REFUNDS will be given for missed days/weeks or cancellations. I have read and | | | | | | |
| weekly amount due. Furthermore, I ur | II: | | | | | |
| agree to comply with this policy. | | | | | | |

CAMP RATES: 1 DAY - \$65 3 DAYS - \$125 5 DAYS - \$190 CAMP REGISTRATION FEE: \$20 SINGLE CHILD OR \$35 PER FAMILY EARLY DROP OFF FEE: \$5/DAY OR \$15/WEEK PER FAMILY

| Week 1 | Weels 2 | Weelt 2 | Week 4 | Week 5 | CAMP WEEK | REG FEE | EARLY DROP | TOTAL | PD | |
|--------------------------------|---|-----------------------------------|-------------------------------|-------------------------------|--------------|------------|---------------|-------|----|--|
| Week 1 June 1-5 | Week 2 June 8-12 | Week 3 June 15-19 | Week 4 June 22-26 | Week 5 June 29-July 3 | WK 1 | TLL | | | | |
| 5 Days MWF | 5 Days M W F | 5 Days5 Days5 Days MWF MWF MWF | 5 Days M W F | WK 2 | | | | | | |
| Early Drop | Early Drop | Early Drop | Early Drop | Early Drop | WK 3 | | | | | |
| Week 6 | | | WK 4 | | | | | | | |
| July 6-10 | | July 20-24 | July 27-31 | Aug 3-7 | WK 5 | | | | | |
| 5 Days M W TH Early Drop | 5 Days M W F Early Drop | 5 Days M W F Early Drop | 5 Days M W F Early Drop | 5 Days M W F Early Drop | WK 6 | | | | | |
| | | | | | WK 7 | | | | | |
| | | | | | WK 8 | | | | | |
| Week 11 Aug 10-14 | | | | | WK 9 | | | | | |
| 5 Days | | | | | WK 10 | | | | | |
| M W TH | | | | | WK 11 | | | | | |
| Early Drop | PERMISSION TO PARTICIPATE IN ACE DAYTONA GYMNASTICS | | | | | | | | | |

As parent/legal guardian of _______, I hereby consent to the aforementioned child to participate in ACE Daytona Gymnastics programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics. I also realize that my child will be performing and training on all gymnastic events plus other various training device including trampoline.

SUMMER DAY CAMP AND ACTIVITIES

I understand that it is the express intent of ACE Daytona Gymnastics to provide for the safety and protection of my child and in consideration for allowing my child to use the facilities, I hereby release ACE Daytona Gymnastics, its' officers, employees, teachers and coaches from all liability for any and all damages and/or injuries suffered by my child while under the instruction or supervision of ACE Daytona Gymnastics.

In the event of a medical emergency, if I am not available, I authorize anyone employed by ACE Daytona Gymnastics to seek medical attention for my child, _______, and to execute consent orders to authorize emergency medical

treatment for any medical procedures which may be required.

Parent/ Guardian Signature:

Date:_____

PLEASE INITIAL EACH STATEMENT

A \$25 non-refundable deposit is REQUIRED for each week you sign up for.

_____ You are NOT ALLOWED to pick up or drop off your child at the field trip location.

Late pick up after 6:00pm will be an additional \$10.00 per every 15 minutes late.

Lunch & snacks will NOT be provided. Please pack a bag lunch and 3-4 healthy snacks per day. There will be NO refrigerator or microwave available for use. Please pack ALL necessary utensils.

____ NO cell phones are allowed. They MUST remain in the child's backpack at ALL times.

The child **MUST** be signed in and signed out each day. Each adult authorized to sign the child out must be listed on their registration form or must be communicated to the ACE Staff in advance. An ID must be presented.

Your credit card/ACH account will always be charged the Thursday prior to your subsequent weeks' registration. If you wish to pay by check, it must be submitted by that previous Wednesday. NO REFUNDS will be given for missed days/ weeks and absolutely NO EXCEPTIONS.

ACE DAYTONA GYMNASTICS SUMMER DAY CAMP TRANSPORTATION / FIELD TRIP PERMISSION

I authorize ACE Daytona Gymnastics to transport my child,______ tered bus to ACE Daytona Gymnastics Summer Day Camp sponsored field trips.

_____ on the ACE Daytona Van or char-

Parent/ Guardian Signature:_____

Date:_____

PHOTO WAIVER

Waiver Participant Name: _____

I give my permission to the ACE Daytona Gymnastics to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purposes of promoting or interpreting ACE Daytona Gymnastics programs.

Parent/ Guardian Signature: _____

Date: _____

RELEASE AND WAIVER LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in TUMBLING SALTO GYMNASTICS dba ACE Daytona Gymnastics, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. Lacknowledge that if L believe event conditions are unsafe, L will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASEES" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue TUMBLING SALTO GYMNASTICS dba ACE Daytona Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the "RELEASEES" I will indemnify, save, and hold harmless each of the "RELEASEES" from any loss, liability, damage, or cost, which may incur as the result of such claim. I have read the RELEASE AND WAIVER LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance or any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allows by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the "RELEASEES" from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above "RELEASEES". I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the "RELEASEES" from any litigation expenses, attorney fees, loss liability, damage, or cost any "RELEASEES" may incur as the result of any such claim.

Printed Name of Parent and/or Legal Guardian

Date

Signature of Parent and/or Legal Guardian