

The Apollo School of Gymnastics
2018 - Spring Break Day Camp

**Camp is available for any child 5 years of age and older.*

	DOB:	Gender:	Age:
1st Child's Name:			
2nd Child's Name:			
Parent/Guardian's Name:			
Parent/Guardian's Name:			
Address:			
City:	State:	Zip Code:	
Cell Phones:	Mother's:	Father's:	
Home Telephone:	Work Telephone:		
Emergency Contact:	Telephone:		
Email Address (for updates and receipts):			

Absolutely No Refunds If Paid In Advance.

CAMP FEES

Full Day 8:00am - 4:30pm	Cost : \$40	Any child participating in a full day camp must bring a sack lunch from home. Apollo will provide an AM and PM snack, however, you may also include any additional snacks and/or beverage for your child to enjoy.
Half - Day Options 8:00am - 12:00pm OR 12:30pm - 4:30pm	Cost : \$25	

You may pick your child as late as 6pm. This is considered "After Care" and comes at an additional cost of \$5 per day, per child. Any child not picked up by 4:30 pm will incur the charge automatically.

CIRCLE "AM" AND/OR "PM" in the box to reserve your child's space for that day. In addition circle your After Care preference.

2018 Spring Break Camp

1st Child's Name ::							NOTES
Dates	3/26/18	3/27/18	3/28/18	3/29/18	3/30/18		
Circle one or Both	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM		
After Care	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		
2nd Child's Name ::							NOTES
Dates	3/26/18	3/27/18	3/28/18	3/29/18	3/30/18		
Circle one or Both	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM		
After Care	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		

Total Amount Due:		Amount Paid:	
Payment Date:		Type - CC/Cash/Check	
Staff Initial:			

Student's Name(s): _____

The following person(s) may pick up:		
Name:	Relationship:	Phone Number:

Please list any Medical Conditions or Allergies:

Please note any special circumstances we should be aware of:

Acknowledgement of Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Gymfinn, Inc., d.b.a. Apollo School of Gymnastics programs. I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as damages and losses associated with participation in gymnastics activities and events. I further agree that the Gymfinn, Inc., d.b.a. Apollo School of Gymnastics, and the sponsor of any Apollo School of Gymnastics event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, including any losses or damages resulting from their own negligence, except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals listed above.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Gymfinn, Inc., d.b.a. Apollo School of Gymnastics. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Photograph/Video Release

Apollo School of Gymnastics may take photographs and/or video of its students while participating in our programs. Apollo has the permission to use this media in any manner at all, photographs in whole or part, either by themselves or in conjunction with other promotional and advertising uses, and for other trade purposes.

Parent or Legal Guardian

Date