

The Apollo School of Gymnastics
2019 - Summer Camp



2140 Range Road, Unit G Clearwater, FL 33765

727-447-2108

*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): | | | | |

| CAMP FEES | | |
|--|-------------|---|
| Full Day 8:00am - 4:30pm | Cost : \$40 | Any child participating in a full day of camp must bring a sack lunch from home. Apollo will provide an AM and a 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 | Siblings and Team members receive a 10% discount off the original camp fee. No discounts will be applied to any After Care services. |
| You may pick your child as late as 6pm. This is considered "After Care" which comes at an additional cost of \$5 per day, per child. Any child not picked up by 4:30pm will incur the charge automatically. | | Initials |
| Summer Camp registration is completed by filling out and returning this registration form and processing the payment prior to your child's scheduled start date. Registration form and payment must be received no later than 24 hours in advance to the scheduled date of attendance. Refunds for any prepaid camp will be issued only if communicated via email to: billing@apollogymnastics.com . Notice of cancellation must be received 48 hours prior to the scheduled date of attendance. Cancellation notice received <u>within</u> 48 hours of the scheduled date of attendance will not be refunded or credited to the account. | | Initials |
| All field trip participants must wear an Apollo Summer Camp T-shirt. The first shirt will be issued at a discount of 50% totaling \$5.00. Any lost or misplaced shirts will be a mandatory purchase and available at the full cost of \$10.00. | | Initials |
| Summer Camp T-shirt_Student 1: (circle one) Small / Medium / Large / Extra Large / Adult Extra Small Summer Camp T-shirt_Student 2: (circle one) Small / Medium / Large / Extra Large / Adult Extra Small | | |
| The use of electronics is not permitted during the hours of 8:00am through 4:30pm for summer camp participants. If you allow your child to bring an electronic device to Apollo, you are doing so at your own risk and responsibility and with the knowledge that Apollo staff will not monitor the content. Apollo is not responsible for any lost or stolen items. | | Initials |

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

| | | | | | | | | |
|-----------------------------|---------------------|---------------------------|-----------------------------|-----------------------------|---------------|---------------|---|---------------|
| Week 1: May 27th - May 31st | 1st Child's Name :: | | | | | | No Field Trip scheduled this week. | Payment Notes |
| | Dates | M 5/27 | T 5/28 | W 5/29 | R 5/30 | F 5/31 | | |
| | Circle one or Both | No Camp: Memorial Holiday | No Camp: School in session. | No Camp: School in session. | AM / PM | AM / PM | | |
| | After Care | | | | Yes / No | Yes / No | | |
| Week 2: Jun 3rd - Jun 7th | 1st Child's Name :: | | | | | | rs: Lowry Park Zoo, \$25.50/per child (*lunch incl.) | Payment Notes |
| | Dates | M 6/3 | T 6/4 | W 6/5 | R 6/6 | F 6/7 | | |
| | Circle one or Both | AM / PM | AM / PM | AM / PM | Full Day | AM / PM | | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | | |
| Week 3: Jun 10th - Jun 14th | 1st Child's Name :: | | | | | | FT, Wed: Threshers Game, \$7/per child (*lunch incl.) | Payment Notes |
| | Dates | M 6/10 | T 6/11 | W 6/12 | R 6/13 | F 6/14 | | |
| | Circle one or Both | AM / PM | AM / PM | Full Day | AM / PM | AM / PM | | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | | |
| Week 4: Jun 17th - Jun 21st | 1st Child's Name :: | | | | | | FT, Thurs: Astro Skate, \$8/per child (*lunch incl.) | Payment Notes |
| | Dates | M 6/17 | T 6/18 | W 6/19 | R 6/20 | F 6/21 | | |
| | Circle one or Both | AM / PM | AM / PM | AM / PM | Full Day | AM / PM | | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | | |
| Week 5: Jun 24th - Jun 28th | 1st Child's Name :: | | | | | | FT, Thurs: Clwrtr Marine Aq., \$11/per child | Payment Notes |
| | Dates | M 6/24 | T 6/25 | W 6/26 | R 6/27 | F 6/28 | | |
| | Circle one or Both | AM / PM | AM / PM | AM / PM | Full Day | AM / PM | | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | | |
| Week 6: Jun 28th - Jun 31st | 1st Child's Name :: | | | | | | FT, Thurs: Clwrtr Marine Aq., \$11/per child | Payment Notes |
| | Dates | M 6/24 | T 6/25 | W 6/26 | R 6/27 | F 6/28 | | |
| | Circle one or Both | AM / PM | AM / PM | AM / PM | Full Day | AM / PM | | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | | |

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|-----------------------------|--|---------------|---------------|---------------|---------------|---------------|---------------|
| Week 6: Jul 8th - Jul 12th | 1st Child's Name :: FT, Wed: Threshers Game, \$7/per child (*lunch incl.) | | | | | | Payment Notes |
| | Dates | M 7/8 | T 7/9 | W 7/10 | R 7/11 | F 7/12 | |
| | Circle one or Both | AM / PM | AM / PM | Full Day | AM / PM | AM / PM | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| Week 7: Jul 15h - Jul 19th | 1st Child's Name :: FT, Thurs: Sea Screamer, \$15/per child | | | | | | Payment Notes |
| | Dates | M 7/15 | T 7/16 | W 7/17 | R 7/18 | F 7/19 | |
| | Circle one or Both | AM / PM | AM / PM | AM / PM | Full Day | AM / PM | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| Week 8: Jul 22nd - Jul 26th | 1st Child's Name :: FT, Thurs: Mad Science, \$11/per child | | | | | | Payment Notes |
| | Dates | M 7/22 | T 7/23 | W 7/24 | R 7/25 | F 7/26 | |
| | Circle one or Both | AM / PM | AM / PM | AM / PM | Full Day | AM / PM | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| Week 9: Jul 29th - Aug 2nd | 1st Child's Name :: FT, Thurs: Highland Rec Pool, \$6/per child | | | | | | Payment Notes |
| | Dates | M 7/29 | T 7/30 | W 7/31 | R 8/1 | F 8/2 | |
| | Circle one or Both | AM / PM | AM / PM | AM / PM | Full Day | AM / PM | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| Week 10: Aug 5th - Aug 9th | 1st Child's Name :: FT, Thurs: Air Heads, \$18/per child (*lunch incl.) | | | | | | Payment Notes |
| | Dates | M 8/5 | T 8/6 | W 8/7 | R 8/8 | F 8/9 | |
| | Circle one or Both | AM / PM | AM / PM | AM / PM | Full Day | AM / PM | |
| | After Care | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |

