DC GYMNASTICS

SUMMER CAMP

INFORMATIONAL PACKET

EMAIL: [info@DCgymnastics.net](mailto:info@DCgymnastics.net)

We welcome all campers Kindergarten thru age 11

PLEASE CONTACT US THROUGH EMAIL WITH QUESTIONS REGARDING CAMP SCHEDULE AND BEFORE/AFTER CARE

**TO REGISTER, PLEASE FILL OUT FORM**

**3 JILL COURT-UNIT 25, HILLSBOROUGH, NJ 08844**

**PH: 908-359-6582**

[**WWW.DCGYMNASTICS.NET**](http://WWW.DCGYMNASTICS.NET)

DC GYMNASTICS SUMMER CAMP

WEEK 1: June 26- June 30

WEEK 2: JULY 3-7 \*

WEEK 3: JULY 10-14

WEEK 4: JULY 17-21

WEEK 5: JULY 24-28

WEEK 6: JULY 31-AUGUST 4

WEEK 7: AUGUST 7-11

WEEK 8: AUGUST 14-18

WEEK 9: AUGUST 21-25

**CHOOSE:**

**3 DAY OR FULL WEEK CAMPS**

**FULL OR HALF DAY SESSIONS**

FULL DAY: 9AM-4PM

HALF DAY: 9AM-12PM OR 1PM-4PM

2023 PRICING

**FULL DAY CAMP**: $269 (3 DAYS)

$379 (FULL WEEK)

**HALF DAY CAMP**: $199 (3 DAYS)

$269 (FULL WEEK)

**REGISTRATION**: $25

REQUIRED FOR ALL NEW STUDENTS

**SIBLING DISCOUNT**: 20% PER WEEK

**EARLY REGISTRATION DISCOUNT**

10% off WHEN YOU REGISTER and PAY in FULL BY May 15

**\*CLOSED 4th of JULY**

IMPORTANT!!!

Please read and Sign and date

Before Care and After Care will be available Monday through Friday.

All students MUST have their sots reserved with Dates and Times by Friday Prior to starting Camp. This is done to ensure proper Staffing.

Please Also Note, if you are not enrolling your child in Before or After Care, Campers MUST be Dropped no earlier than 9am, and picked up promptly by 4pm.

All Campers dropped off before 8:50 or Picked up after 4:10 will be charged $15.00 for the hour. Payment is expected upon drop off or pick up.

Camp Registration is not complete without signature and date on this form.

I have read and understand the policy pertaining to before and after care.

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Signature Date

FAQ

**Q: WHAT SHOULD MY CHILD BRING?**

ALL CAMPERS SHOULD BRING PLENTY OF WATER! HALF DAY CAMPERS SHOULD BRING AT LEAST 1 SNACK. FULL DAY CAMPERS SHOULD BRING AT LEAST 2 SNACKS AND A LUNCH. DO NOT PACK ANY FOODS WITH INGREDIENTS THAT INCLUDE NUTS! CAMPERS MUST BRING THEIR OWN PLATES/SILVERWARE FROM HOME. CAMPERS ARE ABLE TO USE OUR MICROWAVE AND REFRIGERATOR!

**Q: HOW DO I REGISTER?**

TO REGISTER FOR CAMP, PLEASE FILL OUT THE CAMP REGISTRATION FORM AND SUBMIT IT VIA EMAIL/MAIL/FAX/DROP OFF. ADDITIONAL WEEKS/DATES CAN BE ADDED AT A LATER TIME. PAYMENTS CAN BE MADE WITH CASH, CHECK, CREDIT CARD (WE ACCEPT ALL CREDIT CARDS EXCEPT FOR AMEX). CAMP TUITION MUST BE PAID IN FULL AT THE TIME OF REGISTRATION. PLEASE CALL THE GYM WITH ANY ADDITIONAL QUESTIONS!

**Q: DO YOU GO ON FIELD TRIPS?**

WE MAY ATTEMPT TO SCHEDULE FIELD TRIPS FOR EACH FRIDAY AND ALL TRIPS ARE WITHIN WALKING DISTANCE. DROP OFF AND PICK UP ARE STILL AT DC. FINALIZED TRIP PLANS WILL BE ANNOUNCED MID-JUNE.

**NOTE: DISCOUNTS ARE ONLY AVAILABLE UNTIL THE MENTIONED DATES, NO EXCEPTIONS!**

**\*\*WE ARE A NUT FREE FACILITY\*\***

**Q: WHAT IS THE CAMP SCHEDULE?**

9-10AM: WARM UP+GYMNASTICS CLASS

**SNACK**

10:10-11AM: GYMNASTICS CLASS

11:00-11:30AM: ARTS & CRAFTS OR MOVIE

11:30-12PM: GYM GAMES

**12-1PM: LUNCH (FULL DAY CAMPERS ONLY)**

1-2PM: WARM UP+GYMNASTICS CLASS

**SNACK**

2:10-3PM: GYMNASTICS CLASS

3:00-3:30PM: ARTS & CRAFTS OR MOVIE

3:30-4PM: GYM GAMES

**Q: WHO CAN ATTEND CAMP?**

GIRLS AND BOYS AGES 5-12 YEARS OLD. MOST OF OUR CAMPERS ARE BEGINNER GYMNASTS, BUT MANY INTERMEDIATE LEVEL AND PRE-TEAM/TEAM GYMNASTS ALSO ATTEND CAMP! YOUR CHILD JUST NEEDS THE DESIRE TO WORK HARD AND HAVE FUN!

**Q: WHAT SHOULD MY CHILD WEAR?**

GIRLS CAN WEAR A LEOTARD OR COMFORTABLE SHORTS AND A T-SHIRT/TANK TOP. BOYS SHOULD WEAR COMFORTABLE SHORTS AND A T-SHIRT. JEWELRY IS NOT PERMITTED AND HAIR MUST BE TIED BACK. SHOES AND SOCKS ARE NOT ALLOWED IN THE GYM AREA. NO JEANS OR OVERSIZED CLOTHING!

CAMP REGISTRATION FORM

\*EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PARENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION TO CAMPER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES/DIETARY RESTRICTIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMP INFO: WEEK #\_\_\_\_\_ FULL OR HALF\_\_\_\_\_ 3/5 DAY\_\_\_\_\_\_\_

BEFORE/AFTER CARE\_\_\_\_ AM DROP OFF TIME\_\_\_\_ PM PICK UP TIME\_\_\_\_

WEEK #\_\_\_\_\_ FULL OR HALF\_\_\_\_\_ 3/5 DAY\_\_\_\_\_\_\_

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PAYMENT: CAMP TUITION\_\_\_\_\_\_\_\_\_\_- DISCOUNT\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_

REGISTRATION FEE\_\_\_\_\_\_

TOTAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I AGREE THAT I AM AWARE THAT MY SON/DAUGHTER(S) NAMED ABOVE WILL BE ENGAGING IN PHYSICAL EXCERCISE INVOLVING VARIOUS SPORTS, COORDINATING EVENTS, AND FITNESS TRAINING, WHICH COULD CAUSE INJURY TO HIM/HER. I AGREE THAT MY SON/DAUGHTER(S) IS/ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND AM ASSUMING ALL RISKS OF INJURY THAT MIGHT OCCUR AS A RESULT THEREOF. I HEREBY AGREE TO WAIVE ANY CLAIMS AND/OR RIGHTS THAT I MIGHT OTHERWISE HAVE TO SUE DACHEN LLC/DCSPORT-GYMNASTICS SCHOOL, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS AND ALL OTHERS ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND/OR INJURIES THAT MIGHT OCCUR AS A RESULT OF THESE ACTIVITIES. I UNDERSTAND THAT DACHEN LLC/DCSPORT-GYMNASTICS SCHOOL MAKES NO EVALUATION OR RECOMMENDATIONS WHETHER MY SON/DAUGHTER(S) ARE/IS PHYSICALLY FIT FOR ANY EXCERCISE ACTIVITY. IF MY SON/DAUGHTER(S) HAVE ANY PHYSICAL CONDITION THAT MAY IMPAIR HIS/HER ABILITY TO ENGAGE IN THESE ACTIVITIES, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO OBTAIN A PHYSICIAN’S STATEMENT DESCRIBING ANY LIMITATION TO PARTICIPATE IN THIS PROGRAM.

PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_