

Any medical problems or Allergies we should be aware of?_

Precision Gymnastics & Tumbling

Summer Camps



What makes our camps different from the rest? **Your child will LEARN and have FUN** at Precision Gymnastics & Tumbling! **Pick and choose your schedule.** Snacks provided. Bring sack lunch if participating in the AM Session. Sibling discounts. We offer organized instruction, games, and free time to work skills of choice with instructors. We have a full size spring floor, inground pit, rod floor, 2 trampolines, tumble track, rope climbs, gymnastics bars, beam, vault, floor and much more.

We guarantee the lowest Camp Tuition of any privately owned gym in the area or we will match it!

	Weg	guara	ntee ti	he lov	vest	Camp	o Tuitio	on of	any p	rivatel	'y owi	ned į	gym il	n the	area o	r we	will n	natch	it!		
		·	lune						•	July						A	ugus	t			
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
					1	2	1	2	3	4	5	6	7				1	2	3	4	
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31		
	J	Cam	p Tin	nes							Car	np i	Tuitic	n pe	r Wed	ek	JI.		JL	<u>] </u>	
Morning Afternoon			n	1 Session -			2 Sessions -					4 Sessions -			5 Sessions -						
Session						\$25.	\$25.00			\$49.00			\$72.00		\$94.00			\$115.00			
*9:00 am to			1:00 pm to			6 Sessions -			7 Sessions -			8 Sessions -			9 Sessions -			10 Sessions -			
1:00 * EADLY DD				5:00 \$135.00					\$154.00				\$172.00 \$186.00					\$200.00			
* EARLY DROP OFF for am session (8:00 am) Walk-Ins (No pre-registration within 24 hours) add \$5.00 per session/per child																					
		50 %	depos	it hole	ds yo	our spo	ot. 10%	disco	unt fo	r siblin	gs. 24	4 ho	ur not	ificatio	n requ	ired t	o cand	el.			
Camp 1		ease Cir		e-Schoo (Ages	l Gym 3, 4 &	nastics 5)	Girls G (Age:		ics B	oys Gym (Ages 6 8	nastics & up)	5 T	umbling ges 6 & u	; p)	(r day			ty trai			
Dates (One flyer per week)			veek) _												Total:		ıl:				
			AM Session PM Session Early Drop Off			PΝ	A Session A Session rly Drop (PM Session F			PM Session PM		PM S	N Session N Session rly Drop Off							
Any me	edical pr	oblems		•	•		are of?												5		
Mothe	r's Name	e:							Fa	athers' N	lame:_										
Street /	Adress::									City:					_Zip:						
Cell Ph	one Nun	nber:					Eı	mergen	cy Conta	act Nam	e & Nur	mber:					/				
2 nd Ca	mper's	s Nam	ie					N	Л/F .	Age		D.O.	В			(must	be po	otty tra	aineo	d)	
Camp 1	ype (Ple	ease Cir	cle) Pre	e-Schoo (Ages	-			ymnast s 6 & up		oys Gym (Ages 6 8			umbling ges 6 & u								
Camp I	Days (Ple	ease Cir	cle all)	Monda	ıy	1	Tuesday		Wedn	esday	TI	hursda	ay	Fri	day	Num	ber of s	essions:			
Dates (One flyer per we			-				4 Cos : : :		ANA Casa's ::			AM Session			Total: AM Session		:				
				.M Sessi M Sessi			Л Session Л Session		AM Ses			/I Sess 1 Sessi			Session Session						
			E	arly Dro	p Off	Ea	rly Drop (Off	Early D	rop Off	Ear	rly Dro	op Off	Early	Drop O	ff					

Summer Camp Medical Release Form 2018

- Eligibility: I agree to comply with the rules of Precision Gymnastics & Tumbling.
- <u>Participation</u>: I consent to have my child or children participate in the programs offered by Precision Gymnastics & Tumbling. I, my executors, or other representatives, forever waive and release all rights and claims for damages that I or my child may have against Precision Gymnastics & Tumbling and / or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.
- <u>Medical Attention</u>: I fully understand that Precision Gymnastics & Tumbling staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Precision Gymnastics & Tumbling staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Precision Gymnastics & Tumbling staff to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation by a Precision Gymnastics & Tumbling staff member or its representatives, whether paid or volunteer, or the calling of an ambulance for said child should the Precision Gymnastics & Tumbling staff deem this necessary.
- Waiver: I am aware that I should make my child or children aware of the possibility of injury and will encourage my children to follow all the safety rules and the coaches' instructions. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further understand that it is the parents' responsibility to warn their children about the dangers of gymnastics and injury. Precision Gymnastics & Tumbling, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, or dance instruction, or open workouts or in the case of any exhibition, competition, or clinic in which my children may participate while traveling to or from the event. I also agree that Precision Gymnastics & Tumbling, its coaches and other staff members, shall not be liable for any losses or damages occurring as a result of my children's participation in the event. Precision Gymnastics & Tumbling will only warn the child through "Safety Messages" and our teaching style and progressions.
- •I understand that Precision Gymnastics and Tumbling is not regulated by DFPS. We are not a day care facility.

Legal Guardian Name_	Signature	Date
begai duai alan mame_	Signature	Batc



Precision Gymnastics & Tumbling 1144 N. Plano Rd., Suite 104 Richardson TX 75081 (972)907-2248