

DC GYMNASTICS

SUMMER
CAMP

INFORMATIONAL PACKET

EMAIL: 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

DC GYMNASTICS

SUMMER CAMP

WEEK 1: JULY 6-10

WEEK 2: JULY 13-17

WEEK 3: JULY 20-24

WEEK 4: JULY 27-JULY 31

WEEK 5: AUGUST 3-7

WEEK 6: AUGUST 10-14

WEEK 7: AUGUST 17-21

WEEK 8: AUGUST 24-28

CHOOSE:

3 DAY OR FULL WEEK CAMPS

FULL OR HALF DAY SESSIONS

FULL DAY: 9AM-4PM

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

2020 PRICING

FULL DAY CAMP: \$230 (3 DAYS)
\$330 (FULL WEEK)

HALF DAY CAMP: \$155 (3 DAYS)
\$230 (FULL WEEK)

REGISTRATION: \$25

*REQUIRED FOR ALL NEW STUDENTS

SIBLING DISCOUNT: -\$30 PER WEEK

EARLY REGISTRATION DISCOUNTS

15% WHEN REGISTER BY MARCH 15

10% WHEN REGISTER BY APRIL 15

5% WHEN REGISTER BY MAY 15

***CAMP MUST BE PAID IN FULL**

BEFORE AND AFTER CARE!

8AM EARLY DROP OFF

PICK UP AS LATE AS 6PM

\$15 AN HOUR

MUST SCHEDULE A WEEK IN ADVANCE

MUST PAY ON MONDAYS

FAQ

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!

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 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****

CAMP REGISTRATION FORM

*EMAIL: _____

NAME: _____

DOB: _____

NAME: _____

DOB: _____

NAME: _____

DOB: _____

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 _____

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BEFORE/AFTER CARE _____ AM DROP OFF TIME _____ PM PICK UP TIME _____

WEEK # _____ FULL OR HALF _____ 3/5 DAY _____

BEFORE/AFTER CARE _____ AM DROP OFF TIME _____ PM PICK UP TIME _____

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 EXERCISE 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 EXERCISE 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: _____