DC GYMNASTICS SUMMER CAMP

INFORMATIONAL PACKET

EMAIL: info@DCgymnastics.net

We welcome all campers Kindergarten through age 14

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: June24-28

WEEK 2: JULY 1-5 *

WEEK 3: JULY 8-12

WEEK 4: JULY 15-19

WEEK 5: JULY 22-26

WEEK 6: JULY 29-AUGUST 2

WEEK 7: AUGUST 5-9

WEEK 8: AUGUST 12-16

WEEK 9: AUGUST 19-23

CHOOSE:

3 DAY OR FULL WEEK CAMPS FULL OR HALF DAY SESSIONS

FULL DAY: 9AM-4PM

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

2024 PRICING

FULL DAY CAMP: \$282 (3 DAYS)

\$395 (FULL WEEK)

HALF DAY CAMP: \$210 (3 DAYS)

\$282 (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 spots 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.							
Signat	ure	Date						



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 PRETEAM/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 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

CAMP REGISTRATION FORM

*EMAIL:						
NAME:				DOB:		
NAME:				DOB:		
NAME:				DOB:		
PARENT NAME:_				PHONE:_		
ADDRESS:						
IN CASE OF EM	ERGENCY:					
RELATION TO C	CAMPER:			PHONE:_		
ALLERGIES/DIE	TARY RESTRIC	TIONS:				
CAMP INFO:	WEEK#	FULL O	R HALF	3/5 D <i>A</i>	.Υ	
	BEFORE/AFT	ER CARE	_ AM DROP (OFF TIME	PM PICK UP	TIME
	WEEK #	FULL (OR HALF_	3/5 D	АУ	
	BEFORE/AFT	ER CARE	_ AM DROP	OFF TIME	PM PICK UP	TIME
	WEEK #	FULL (OR HALF_	3/5 D	ΑУ	
	BEFORE/AFT	ER CARE	_ AM DROP (OFF TIME	PM PICK UP	TIME
PAYMENT: CAMP TUITION D			DISC	OUNT	=	
RE	EGISTRATIC	N FEE				
To	OTAL		_			
	ACKNOWLE	DGEMENT OF	RISK AND W	AIVER OF LIA	BILITY	
OTHERWISE HA EMPLOYEES, AGENTS AND/OR INJURIES GYMNASTICS SCHOO FIT FOR ANY EXCEL	ORDINATING EVENT S) IS/ARE VOLUNTAR CCUR AS A RESULT TI VE TO SUE DACHEN I AND ALL OTHERS AS 5 THAT MIGHT OCCUI	S, AND FITNESS RILY PARTICIPAT HEREOF. I HEREB LLC/DCSPORT-GY, SOCIATED WITH R AS A RESULT O ATION OR RECOM MY SON/DAUGHT ITIES, I UNDERS	TRAINING, WHIGH ING IN THESE ACTORISM THE SEARCH OF THE CORPORATION FOR THE SEARCH OF THESE ACTIVITY AMENDATIONS WER(S) HAVE ANY ITAND THAT IT IS	CH COULD CAUSE TIVITIES AND A /E ANY CLAIMS A OL, ITS OFFICERS ON FROM ALL LIA TES. I UNDERSTA /HETHER MY SON PHYSICAL CONDI 6 MY RESPONSIBI	INJURY TO HIM/HE M ASSUMING ALL RI AND/OR RIGHTS THA S, DIRECTORS, SHAR ABILITY FOR ANY AN AND THAT DACHEN L I/DAUGHTER(S) ARE/ ITION THAT MAY IM ELITY TO OBTAIN A	ER. I AGREE THA' ISKS OF INJURY IT I MIGHT EHOLDERS, ND ALL DAMAGES LC/DCSPORT- (IS PHYSICALLY PAIR HIS/HER
PADENIT STA	GNATUDE.				DATE:	