



# 2018 BSGA Vacation Camp Registration Form

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Student Info:  New  First Time  Returning --- If Returning, Original Reg. Date \_\_\_\_\_

Parent/Guardian

Parent/ Guardian

Occupation

Occupation

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Which parent/guardian should be called first in case of medical emergency? \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*E-mail Address: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

*\*Important information, including statements, will be e-mailed to you.\**

How did you hear about us?  Website  Birthday Party  Friend  Phone Book  Facebook  Other: \_\_\_\_\_

**Circle Day(s) For Enrollment: Tue 2/20 (FULL / HALF), Wedn 2/21 (FULL / HALF) , Thurs 2/22 (FULL / HALF)**

**Circle Day(s) For Enrollment: Tue 4/17 (FULL / HALF), Wedn 4/18 (FULL / HALF) , Thurs 4/19 (FULL / HALF)**

### Child's Medical Information

General Allergies \_\_\_\_\_ Allergies to Medication(s) \_\_\_\_\_

Other Medical Problems or Conditions (please specify) \_\_\_\_\_

Are any of the allergies or condition(s) described above serious, chronic, or life threatening?  yes  no If yes, please elaborate: \_\_\_\_\_

### Child's Physician Information

Child's Primary Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Other Medical Provider (if relevant) \_\_\_\_\_ Phone \_\_\_\_\_

CHILD'S INSURANCE INFORMATION: Company/HMO \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Name of Primary Insurance Holder \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TUITION AGREEMENT:

I understand that all camps are a week commitment and require payments in full per week. Also, I am aware of the following:

- Full payment is due at sign-up
- 10% discount for additional camps as well as for siblings
- **Billing statements will be sent via email.** Please provide accurate billing contact information.
- There will be **no refunds or credits** for missed camp days unless due to serious illness or injury with a Doctor's note
- A \$25.00 bank fee will be charged for all returned checks

**I have sufficiently read and understand all the above and agree to abide by the policies listed.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### VACATION CAMP POLICIES

#### GYM SAFETY & RULES

- Be on time for pick-up and drop-off. Warm up and stretching is an important part of the injury prevention process.
- Unsupervised children are not allowed in the gym, court, or on the equipment at any time. Parents are not permitted to be on the equipment at any time.
- **For the safety of your child(ren)**, please escort him/her into the building for drop off and come inside the building for pickup at the end of the day. No child will be allowed to wait outside.
- Please let us know who will be picking up your child from camp if it is someone other than a parent.
- Dress to participate: Girls must wear leotards and have hair tied back; Boys must wear athletic clothing. For your child's safety, loose clothing and skirts are not allowed.

#### WHAT TO PACK

- **Half Day:** Pack comfortable clothes, snacks & drinks. **Full Day:** Pack comfortable clothes, lunch & drinks.
- **Drop Off & Pick Up:** Drop off is 9am and Pickup is 3pm for a full camp day. Half days are drop off at 9am and pickup at 12pm.
- All allergies should be brought to our attention at the time of sign up. Any necessary medications for allergic reactions such as an epi-pen or inhaler should be labeled with the child's name on it and should be given to the Front Desk no later than the child's first day of camp.

#### PAYMENT INFORMATION

- **The entire camp balance is due at the time of sign up**
- **Refunds are given to students with a valid Doctor's note excusing the child's absence from camp.**

During the course of the year, there are many photo opportunities your child may be exposed to at BSGA. Photos may be used for newspapers, our website, Facebook/Instagram, posted in the gym, etc.

Thank you for all your cooperation and support. **Please sign below to indicate that you have read and understand all of the policies above and will abide by them.** In order to ensure the best possible experience for your child, we need EVERY family member (parents, students, & siblings) to follow these policies.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**PICK UP & DROP OFF PROCEDURES**

**\*When signing your child in or out the authorized adult will need a photo ID ready**

AUTHORIZED PICK UP	RELATION	PHONE
<b>DO NOT RELEASE MY CHILD TO THE FOLLOWING:</b>		

**EMERGENCY INFORMATION and CONSENT FOR MEDICAL TREATMENT**

**CONTACT INFORMATION**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Male Female

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Alternate Emergency Contacts when Parent/Guardian(s) cannot be reach:**

1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Office # \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Office # \_\_\_\_\_

**CONSENT for PROGRAM PARTICIPATION & EMERGENCY MEDICAL TREATMENT**

All health information provided is correct to the best of my/our knowledge, and the person herein described has permission to engage in all BSGA Camp activities except if noted. In an emergency, involving my child, I understand that every effort will be made to contact the parents, the physician, or other listed individuals. I/we hereby give permission to the health supervisor or other medical personnel selected by the BSGA Camp General Manager to: 1) Use their best judgment and discretion in handling the emergency; 2) Activate EMS to treat and transport my child to the nearest hospital as necessary; 3) Photocopy this form, which is considered the same as the original, and send it with the student. I authorize hospital medical personnel to initiate emergency treatment as needed. I agree to be responsible for the payment of any medical treatments administered to my child, in connection with injury, accident or illness that may occur while my child participates in any BSGA Camp activities. I agree to hold BSGA Camp harmless in such events except in the case of negligence. I/we also understand and agree that the student shall abide by any restrictions placed on his/her BSGA Camp Activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_