

Payments

About our Camp

Our air conditioned summer camp program will offer your child a summer full of fun and activities. Our camp is designed for children ages 4-12 * of all skill levels. Your child will be grouped according to age and ability. We are dedicated to filling each day with fun and learning in a safe and supportive environment. We also offer a competitive team summer program. Before and after care is also offered.

About our Staff

Our staff is highly trained and safety certified by U.S.A Gymnastics. All coaches are C.P.R. and First Aid certified

Indoor Activities will include arts and crafts, gymnastics and games with an emphasis on team building and self esteem.

Outdoor Activities will round out their active and healthy days with sports, water slide and Sprinkler activities.

CAMP NOTES

- All campers must be potty trained
- All campers need to bring the following:
Socks Sneakers Towel
Swimsuit Water Bottle
half day campers should bring 1 healthy snack, full day campers should bring 2 healthy snacks and a lunch..

This camp must comply with regulations of the Massachusetts Dept. of public health 105cmr430,000 and licensed by the town of Bourne Board of Health . Information on 105cmr 430,000can be obtained by calling

Summer Camp Policies & Procedures

Fees: There is a \$15.00 non refundable registration fee for each student who is not currently enrolled in the Tumble Time Gymnastics 2017-2018program.

Payments: A non refundable deposit if \$50.00, applied towards your tuition, is due with registration. Balance of tuition for all sessions is due in full by June 15, 2018.

Before/After Camp care: This is offered from 8:00-A.M. to 9:00 A.M. Monday– Friday or 4:00-5:00 P.M. Monday-Thursday for a fee of \$10.00 per hour used.

Additional Days: Additional days may be added and must be paid in full prior to attending.

Health History: Each camper must submit a current (within 1 year) physical exam and immunization on record prior to attending.

Medications: Required medications, frequency, of dosage and authorization to administer should be communicated to camp directors.

Acknowledgement of Risk , Waiver of Liability and

As the parent or legal guardian of _____ I hereby consent to myself and the above named person to participate in the programs offered by Tumble Time Gymnastics, Inc.. I fully understand that the nature of gymnastics and other related activities carries a risk of physical injury, including serious injuries , such as broken bones, torn ligaments and paralysis. I understand and accept this risk. In partial consideration for allowing my child to use the Tumble Time gymnastic equipment, I hereby forever release Tumble Time Gymnastics, Inc., its owners, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child while under the instruction, supervision or control of Tumble Time Gymnastics, Inc., its owners, employees, teachers or coaches. As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect for the future medical expenses which may be incurred by my child as a result of any injury sustained while participating in the activities for, or under the direction of Tumble Time Gymnastics, Inc. This acknowledgement of risk, waiver of liability, indemnity agreement as well as the summer camp policies and procedures listed having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. In the event of an emergency, I give permission for Tumble Time Gymnastics, Inc., to arrange for transportation to a hospital and to receive medical treatment.

Signature of Parent or Legal Guardian

Date

Child's Name _____ Age _____

Parents Name _____

Mailing Address _____

City, State & Zip Code _____

Email address _____

Phone _____

Emergency Contact & Phone Number _____

Designated People to pick up your child _____

Camp Total _____

Deposit Paid _____

Reg. Fee Paid _____

Remain. Bal. _____

Method of Payment Check
 Cash
 Credit card # _____

Expiration date _____ 3 digit code _____

Signature _____

Campers will be released to their/parent/ caretaker/ or individual designated in writing by parent. Individuals other than parent/ caretaker must provide picture identification. List any additional Information which you feel would help us make sure your child enjoys their stay at Tumble Time. _____

In case of personal injury, Permission to treat/and or transport child for healthcare _____

Preferred Hospital _____

Any known allergies _____
