

TUMBLE TIME GYMNASTICS

2024 SUMMER CAMP

June 24th-August 23rd

32 Jonathan Bourne Drive Pocasset, MA. 02559

Phone 508-563-1200 Fax 508-563-1232

Website www.tumbletime-gym.com

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 by age and ability. We are dedicated to filling each day with fun and learning in a safe environment. Before and after care is also offered.

About Our Staff

Our staff is highly trained and safety certified. All coaches are CPR 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, Swimsuit, Sneakers, Towel and Water Bottle

Half Day campers should bring 1 healthy snack, Full day

campers should bring 2 healthy snacks and a lunch.

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 record by May 1, 2024.

Medications: Required medications, frequency, dosage, and authorization to administer must be communicated to camp directors in writing.

Summer Camp Policies and procedures

Fees-There is a \$20.00 nonrefundable fee for each student who is not currently enrolled in Tumble Time Gymnastics 2023-2024 program. **Payments:** A nonrefundable deposit of \$50.00 applied towards your tuition, is due with registration. Balance of tuition for all sessions is due in full by May 1, 2024. **NO REFUNDS**

Before/After Camp Care

Before care is offered Monday through Friday from 8:00am -9:00 am and late care from 4:00pm -5:00pm. There is a \$15.00 dollar fee for each morning or afternoon extended care.

Payments

Mailing address _____

City, State & Zip Code _____

Camp Total \$ _____

Deposit Paid \$ _____

Registration Fee Paid \$ _____

Remaining Balance \$ _____

Method of payment Check Cash Credit card

Card # _____

Expiration date _____ 3 digit code _____

Signature _____

Campers will be released to their parent/caregiver/or individual designated in writing by parent only. 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 _____