

Summer Camp at EGC

Recreational Gymnastics



Join us for fun filled days with games, bounce house, air floors, 30-foot-long in-ground trampoline into 20 X 17 foam pit and Gymnastics, Gymnastics, Gymnastics!!!
Outdoor gymnastics, water balloons, arts and crafts and outdoor activities - weather permitting.
* Activities are determined by age of child. *

____ Week 1 June 28th - July 2nd
____ Week 2 July 5th - July 9th
____ Week 3 July 12th - July 16th
____ Week 4 July 19th - July 23rd

____ Week 5 July 26th - July 30th
____ Week 6 August 2nd - August 6th
____ Week 7 August 9th - August 13th
____ Week 8 August 16th - August 20th

We are always willing to add additional camp weeks. Reserve now for your special group.

~YOU MUST PRE-REGISTER~
LIMITED AMOUNT OF SPOTS AVAILABLE

Please check the dates above that your child/children will attend.
Please send water bottles and a healthy snack (no sugary snacks) and/or lunch.
There will be NO sharing food.

____ 3 Half Days \$130.00
____ (9:00 am - 12:00 pm)
____ (12:30 pm - 3:30 pm)

____ 5 Half Days \$180.00
____ (9:00 am - 12:00 pm)
____ (12:30 pm - 3:30 pm)

Circle: Monday Tuesday Wednesday Thursday Friday

1 Day Drop-in Fee: \$45.00 (half-day)
Limited Full Days are available. Call for details!

Registration Fee: A \$15.00 registration fee is required for all new EGC members.

10% sibling/multiple week discount (second child or class)

Note: A non-refundable \$50.00 deposit is required to hold each week's spot.

Please e-mail us at elitegymnastics@sbcglobal.net if you have any questions.

Kindly fill out the Registration Form on the reverse side.

Elite Gymnastics Center, 458 Danbury Road, Building D, Unit 5, New Milford, CT 06776 (860) 354-5479

Summer Camp Registration Form

1st Child's Name: _____ DOB: _____ Age: _____ M/F: _____

2nd Child's Name: _____ DOB: _____ Age: _____ M/F: _____

Parent's Name: _____ E-mail: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Emergency Contact and Number: _____

List all medications and or allergies: _____

List any physical limitations: _____

Parent's Signature: _____ Date: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I hereby consent to the above person participating in programs offered by Elite Gymnastics Center LLC. I understand that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and movement education. I also realize that my child will be performing and training on all gymnastics events plus various other gymnastics training devices including trampoline and bounce house. I certify that the above person is in good health and is medically fit to participate. I hereby for myself, my child and/or children, adopted or otherwise, my heirs and executors, forever waive and release any and all rights against Elite Gymnastics Center LLC ("EGC"), their agents or representatives, for any injury or damages that may be suffered by me, my child and or children, adopted or otherwise, in connection with my association or entry into gymnastics, or other activities sponsored by EGC. I give EGC, its members, officers, agents, employees, and any other medical personnel permission to treat myself, my child and/or children, adopted or otherwise, I also give my permission for EGC to use any images of myself or my children for marketing purposes and for program development without compensation to myself or my child. This acknowledgement of risk and waiver of liability, having been read and understood completely, is signed voluntarily as to its content and intent.

COVID ACKNOWLEDGEMENT, WAIVER, AND RELEASE

Precautions for the COVID 19 virus caused Elite Gymnastics Center, to suspend its activities temporarily. As the gym at 458 Danbury Road, Building D, Unit 5 in New Milford, CT, reopens, new procedures and policies will be required. The virus will be a factor in everyone's life for some time to come, and there is no assurance that our precautions will prevent the virus from spreading. We are taking steps to reduce that risk, and we will adapt our procedures as circumstances may change, consistent with operating the gym for the education and enjoyment of your child/children.

If they wish, parents may leave their child/children at the building entrance, remain outdoors, and pick them up from the building exit. Parents are required to wear masks and practice social distancing everywhere on the premises. In addition, we allow only one parent, with a mask, per family, to enter the building. Temperatures are taken at the door. No one whose temperature exceeds 100.4 degrees should enter the building. We will be using a non-contact thermometer; any person above that reading will have to leave the premises immediately. Once in our building, we ask that children immediately follow up by hand sanitizing or washing their hands before entering the gym area. We are cleaning all equipment and mats between outgoing and incoming classes and following all safety protocols to keep your child/children and our staff safe. To teach gymnastics safely and effectively, clear oral instructions and attentive spotting are essential. For that reason, our staff may elect not to wear a mask, although children are permitted to do so. Further, spotting will require our staff to physically guide children through their routines, so touching will be inevitable. Please check if you would like us **to spot ____ or not spot ____ your child/children.** To permit and acknowledge Elite Gymnastics Center, to conduct its gymnastics classes in this fashion and to release it from all liability relating to the virus, whether relating to you, your child/children, or other family members, please sign below.

For Office Use Only

Amount	Paid	Check # / Cash / Credit Card
	Deposit:	
	Balance:	