

***Welcome to Black Canyon Gymnastics Day Camp. It is our purpose to provide a healthy and safe environment for your child during the summer. It is our goal to help keep your child active and fit for the summer.***

### **Policies**

- Campers must sign up at least two weeks in advance. Deadline to sign up is Thursday for the following week. Drop-ins will only be taken if we have room.
- Payment is due at the time of sign up. **No refunds are given for missed days.**
- We reserve the right to change or amend our posted schedule.
- Day camp packets must be filled out before your child may participate.
- You will be charged a late pick up fee of \$1.00 per minute after five minutes.
- Day camp doors open at 7:30 a.m. There is NO early drop off.
- Drop off is from 7:30 – 9:00am or from 12:30 – 1:00. For your child’s safety please adhere to these times. Drop off only at Black Canyon Gymnastics. **We will not accept drop offs or pick-ups at any other location.**
- If your camper is doing full day, they must bring a sack lunch and drink.
- Parents or authorized individuals must sign the camper in and out. Campers will not be released to anyone who is not on their card.

### **Fees**

\$20.00 for a half day 7:30-12:30 or 12:30-5:30.

\$32.00 for a full day 7:30-5:30.

A 10% discount will be given to siblings for full day sign ups.

A discount will be given for full day-full week sign ups.

There will be no refunds for missed days.

Members will pay a \$25 annual registration fee.

We will post a weekly calendar of events so that you and your camper may be prepared for the upcoming activities.

### **Activities might include:**

Open gym, going to the park, swimming pool, climbing, arts and crafts, special guests, theme days, board games, reading, and a movie.

Campers must bring a sack lunch if they are staying the full day. Snacks will be provided in the a.m. and the p.m.

**All campers should bring a water bottle, sunscreen, swimming clothes and towel.**

If your camper has a gymnastics class, the instructors will make sure that they are in class.

*I have read and agree to the above Policies, Fees and other general information:*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

# **Black Canyon Gymnastics General Release and Waiver of Liability**

## General Release

### Acknowledgement of Risk and Waiver of Liability

I am the parent or legal guardian of (child's name)\_\_\_\_\_.

I hereby consent to the above named person participating in the programs offered by Black Canyon Gymnastics L.L.C. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics, dance, karate, swimming, diving, and field trips. I UNDERSTAND AND ACCEPT THAT RISK. I also realize that my child will be performing and training on flooring and apparatus specific to each sport. For gymnastics all Olympic event plus various other training devices including trampolines will be used.

I further understand that my child will not be able to participate unless this release form is signed.

Therefore, in consideration for allowing my child to use the Black Canyon Gymnastics L.L.C.'s equipment and facilities, I hereby forever release Black Canyon Gymnastics, L.L.C., it's owners, officers, employees, teachers, and coaches from all liability for any and all damage and injuries. Further, for the child, and myself, I acknowledge and assume all attendant risk and hold harmless Black Canyon Gymnastics, L.L.C., its agents and employees.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect and insure for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while at, for, or under the direction of Black Canyon Gymnastics, L.L.C.

**THIS ACKNOWLEDGMENT OR RISK AND WAIVER OF LIABILITY, HAVING BEEN READ THOROUGHLY AND UNDERSTOOD COMPLETELY, IS SIGNED VOLUNTARILY AS TO ITS CONTENT AND INTENT**

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

Parents name \_\_\_\_\_

Childs name \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact and phone number \_\_\_\_\_

Notes:

## Emergency Card

Child's Name \_\_\_\_\_ BirthDate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Hours \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Hours \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### **Emergency contact other than parents**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

### **Names of persons other than parent to whom the child may be released:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### **Specific Medical Information**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Frequency \_\_\_\_\_

Other \_\_\_\_\_

Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance \_\_\_\_\_

I hereby give permission to Black Canyon Gymnastics L.L.C. to secure or decline emergency medical treatment for the above named child while in the care of the above named school. All expenses of such care will be accepted by the parents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Swimming ability:** please mark appropriate box

**Parents are required to put the appropriate bracelet on their child upon check in.**

- needs flotation(your child will only be in the outdoor pool- you must provide flotation device)
- outside pool only
- fair swimmer (can go indoor and outdoor- no diving boards)
- swims well (can go indoor outdoor and diving boards)

**Field Trips**

Black Canyon Gymnastics L.L.C. has my permission to take\_\_\_\_\_ on any field trip away from the facility. Yes No (please circle)

I understand that my child will be walking to the park, pool, and library. I understand that First Student will transport my child in the event of a field trip that is not within walking distance.

Parent Signature\_\_\_\_\_

**Park Policies**

I understand that in order for my child to ride their bike, skate board, scooter or heeleys that they must have a helmet on.

Parent Signature\_\_\_\_\_

**Sunscreen policy**

Name of child\_\_\_\_\_

Black Canyon Gymnastics L.L.C. will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, back, legs, arms, and feet. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. It is the parent’s responsibility to provide sunscreen with a minimum SPF of 15.

**Special instructions**

In the event that my child’s sunscreen is not readily available, my child may use the sunscreen provided by Black Canyon Gymnastics L.L.C. Yes No (please circle)

Parent Signature \_\_\_\_\_ Date\_\_\_\_\_

My child may be given acetaminophen (Tylenol) for fever or pain. Yes No (please circle)

## Discipline procedures

Our facility believes in the time out philosophy. For serious infractions a child may be sent directly home.

Example of discipline procedures may be:

- 1<sup>st</sup> offense      Short time out away from activity
- 2<sup>nd</sup> offense      Time out for 10 minutes and apology if necessary
- 3<sup>rd</sup> offense      Parents called and child sent home

If a child is sent home, there will need to be a meeting with the staff, parents, and child to see if they will be able to return to camp.

Signature\_\_\_\_\_ Date\_\_\_\_\_

## Illness Policy

When to keep your child at home

Deciding whether to keep your child at home, or when to send them to camp can be difficult. It is important for parents and staff to discuss what observations have been made and agree on a plan.

Please contact the facility when your child is ill and describe the illness. If a specific diagnosis is made, e.g., strep throat, conjunctivitis, chicken pox, etc., let the facility know so that other families can be alerted.

The following is a guideline and recommendation:

<u>Illness</u>	<u>Come to camp</u>
Diarrhea with vomiting, fever	no
Chicken pox	no
Pink eye	no
Headlice	no
Strep throat	no
Hepatitis A	no
Mild cold symptoms	yes-if able to participate in Camp activities
Upper Respiratory complications	no
- large amounts of yellow or green nasal discharge	
- extreme sleepiness	
- ear pain	
- fever above 101 degrees	

Signature\_\_\_\_\_ Date\_\_\_\_\_

## **Communication**

Our instructors are available at drop off or pick up to discuss any concerns you may have. If your child has any special circumstances that we need to be aware of please let our instructors know. If at any time you feel that you need to schedule a conference, please feel free to contact one of the staff members and they will be happy to set one up. Please check white boards, bulletin boards, and your child's folder for information.

## **Other**

Please make sure your camper is dressed appropriately for the weather and activities.

Light jacket if necessary

Walking shoes

Swim attire

Gym clothes

**Specifics about your child we should know e.g. seizures, diabetes, asthma, surgeries**

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## MAY 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
X	X	X	X	X	X	X
8	9	10	11	12	13	14
X	X	X	X	X	X	X
15	16	17	18	19	20	21
X	X	X	X	X	X	X
22	23	24	25	26	27	28
X	X	X	X	X	X	X
29	30	31				
X	X					

## JUNE 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## JULY 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
	X					
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## AUGUST 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9	10	11	12	13
14	15	16	17	18	19	20
X	X	X	X	X	X	X
21	22	23	24	25	26	27
X	X	X	X	X	X	X
28	29	30	31			
X	X	X	X			