



NYC ELITE SUMMER CAMP 2018 REGISTRATION FORM



CAMPER INFORMATION

Camper Name _____ Age _____ Sex _____ Birthdate _____
Parent/Guardian _____ Home phone _____ Cell _____
Address _____ City _____ State _____ Zip _____
Email _____ Emergency Contact (other than parent) _____ phone: _____

MEDICAL INFORMATION

Child's doctor _____ Phone _____ Dentist _____ Phone _____
Medical Insurance Carrier _____ ID # _____
Medication or Food Allergies _____
Please notify NYC Elite of any dietary restrictions.
Are there any known physical limitations or developmental concerns? _____

THE ATTACHED DEPARTMENT OF HEALTH FORM MUST BE USED. We cannot accept a doctor's form. Without the Department of Health form, your camper will not be allowed to participate.

PAYMENT INFORMATION

We require full payment upon registration for all camp weeks.
Please put an "x" next the location & weekly option in which you would like to register.

Choose NYC Elite location: [] Tribeca [] UES [] UWS

- Half Day Camp: (9:00am-12:00pm)
[] H.D. Option 1: Monday – Friday (5 days) \$465
[] H.D. Option 2: Tue & Thurs. (2 days) \$186
[] H.D. Option 3: Mon/Wed/Fri (3 days) \$279

- Full Day Camp: (9:00am-3:30pm)
[] F.D. Option 1: Monday – Friday (5 days) \$690
[] F.D. Option 2: Tue & Thurs. (2 days) \$276
[] F.D. Option 3: Mon/Wed/Fri (3 days) \$414

Credit Card Information:
AMEX / VISA / MC / DISCOVER
Card number: _____
Exp. Date ____/____ Sec Code : _____
Full payment amount _____

Please check the week(s) you wish to reserve for your camper.

Table with 11 columns representing weeks: 6/18-6/22, 6/25/6/29, *7/2-7/6, 7/9-7/13, 7/16-7/20, 7/23-7/27, 7/30-8/3, 8/6-8/10, 8/13-8/17, 8/20-8/24, 8/27-8/31

*Prorated Week: 7/2 Full Day: Option 1: (M/T/TH/F) \$552, 2: M/F \$276 Half Day Option: 1: M/T/TH/F \$376, 2: M/F \$186

NYC Elite summer camp swims weekly at a local pool. The depth of the pool is four feet. In addition to the pool's lifeguard, NYC Elite provides adult chaperones. Please notify us of any reason your child cannot participate in swimming activities. Does your child know how to swim? Y/N (FULL DAY ONLY)

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

WARNING: By the very nature of the activity, gymnastic and dance carry a risk of physical injury. No matter how careful the student and instructor are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. You hereby agree to waive any claims or rights that you might otherwise have to sue us (NYC Elite Gymnastics, Inc.), our employees, owners, or officers for injuries that may occur as a result of any activity conducted at NYC Elite. You assume all liability and risk. If injury should occur to the above named while participating in any NYC Elite activity, I hereby authorize NYC Elite to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Signature _____ Date _____



Drop Off and Pick Up Policy

In the interest of the safety of all NYC Elite participants, the following protocol shall be followed for all children being dropped off and picked up from any NYC Elite Camp.

Notification of Authorization:

In the event that a parent/guardian is not picking up your gymnast from camp, NYC Elite must be notified in advance, in writing or by adding them to the guardian section of the family details page of their parent portal, persons whom are approved to pick up your child from NYC Elite. Verbal permission may be given by phone, but must be followed up by an email to the site manager. Wherever possible, we will not release a child unless we have written consent from a parent or guardian. It is the responsibility of the parent/guardian to inform NYC Elite of any updates that need to be made to the list of authorized individuals, and to make changes to their parent portal as needed.

Drop Off and Release of a Child

All parents and/or authorized individuals are to:

- Clearly sign-in the child on the provided sheet. Space will be provided to put the name of the authorized person who will be picking up the child/children.
- Valid photo ID must be presented when signing a child out of camp. This ID will be cross checked by NYC Elite staff to ensure that the person signing the child out is who they claim to be.



Parent/Guardian Authorization for Pick up Form

I _____ hereby authorize the following individuals to pick
(name of parent/guardian)

up _____ from NYC Elite:
(full name(s) of child/children)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

5. Name: _____ Phone: _____

6. Name: _____ Phone: _____

Parent name

Parent Signature

Date

My signature on this page indicates that I have read, understand, and agree to adhere to the drop off and pick up policy as set out by NYC Elite.