



2025 Summer Camp **FULL** Day Registration

Camper's Information			
Name:	Sex:	Age:	D.O.B.:
Address:	City:	State:	Zip:
Parent 1 Name:	Parent 2 Name:		
Parent 1 Cell #:	Parent 1 Home/Work #:	Parent 1 Email:	
Parent 2 Cell #:	Parent 2 Home/Work #:	Parent 2 E-mail:	
Password: (used to confirm safe pick-up)	Emergency Contact Name:	Emergency Contact Phone #:	

Persons Authorized to Pick-Up (other than Parents and Emergency Contact)	
Need to know safe pick-up password and present valid photo I.D.	
Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

Selected Weeks			
(indicate <input checked="" type="checkbox"/> for weeks attending and any day(s) that you need early drop off)			
<input type="checkbox"/> Week 1: July 14-18	<input type="checkbox"/> Week 2: July 21-25	<input type="checkbox"/> Week 3: Jul 28-Aug 1	Camp Hours: 8:30am-3:30pm Early Drop Off: Starts at 7:30am (additional charge)
<input type="checkbox"/> Early drop off <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Early drop off <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Early drop off <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Rates: Weekly fee: \$275, 10% off for siblings. Additional \$5 per child for weekly B'Z Gelati. Registration fee (non-members only): \$35 for one child \$30 for second child \$80 total for families with 3+ children Early drop off: \$8/child/day Transition to Class: \$8/child/day

Additional Information			
T-Shirt Size (please circle): CXS (2-4) CS (6-8) CM (10-12) CL (14-16) CXL (18-20) AS AM AL <i>*T-shirts will be distributed during your child's first week of camp!</i>			
Gelati Flavor (please select flavors below for the week(s) your child is attending): <i>*The B'Z Gelati food truck will be joining us once a week for a special treat!</i>			
	Week 1	Week 2	Week 3
Blue Raspberry	_____	_____	_____
Cookies n Cream	_____	_____	_____
Mint Chip	_____	_____	_____
Lemon	_____	_____	_____
Mango	_____	_____	_____
Strawberry	_____	_____	_____

I understand that it is the intent of Balance 180 Gymnastics & Sports Academy to provide for the safety and protection of my child; therefore, if I am not available I authorize Balance 180 and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment, which may be required. I have read, understood and agreed to the Summer Camp Policies of Balance 180 Gymnastics & Sports Academy. I allow my child to participate in the gymnastics summer camp.

 Signature of Parent/Legal Guardian

 Date



Getting to Know Your Camper

Please respond to the following so that we can make camp a fun and safe experience for your child. We look forward to having you join us for camp!

Child's Name: _____ Nickname: _____

About Your Athlete:

Athlete's likes: _____ Athlete's dislikes: _____

Please list anything that easily upsets your child (Ex. Sensitivity to loud noises, sensitivity to touch, etc.)

Please list any behavior interventions you use at home that would be effective during summer camp:

Food/Drink Allergies and Accommodations

We will provide one snack and drink in the morning. You are welcome to send your child with a snack (no nuts, please as we do have campers with nut allergies) if you would prefer or in addition to what we provide. Snacks we provide include things like pre-packaged Goldfish, animal crackers, pretzels, etc. and drinks will be water, Gatorade, and lemonade. We will not be providing lunch, so please make lunch for your camper if he/she is joining us for the FULL day of camp.

1. Does your child have any food allergies?

No Yes, please list below.

Allergy Type: _____ Reaction by: Ingestion Contact Inhalation

Allergy Response: Severe Moderate Mild Has Epi-Pen Has Inhaler

Allergy Type: _____ Reaction by: Ingestion Contact Inhalation

Allergy Response: Severe Moderate Mild Has Epi-Pen Has Inhaler

2. Does your child have any NUT allergies?

No Yes, please respond to the statement below.

Nut allergies: My child can have **non-nut** snacks that have been processed at a facility that contains nuts or may contain nuts Yes No

3. Does your child require any special accommodations for eating and/or drinking (ex. straw for drinking)?

No Yes, please list below.

Child's Name: _____

Bathroom Assistance

Does your child require any special bathroom assistance (periodic reminders, help with dressing, etc.) from Balance 180?

No **Yes**, please list below along with what level of assistance you would find acceptable from Balance 180 staff or volunteers:

Medication

Balance 180 **will not** be responsible for administering any medication with the exception of emergency supplies such as inhalers or epinephrine pens. If possible, please adjust your child's medication schedule accordingly. Only under unique circumstances with written permission will Balance 180 administer any type of medication.

Please list any special needs your child has regarding medication:

Skincare

If your child requires a certain type of sunscreen or bug spray for outdoor activities, please provide it or apply it before dropping off your child for camp. Spray rather than lotion sunscreen is best.

Please list any special needs your child has regarding skincare (special sunscreen, bug spray, etc.):

Medical Information

Please list any medical conditions and/or diagnoses to which we should be notified concerning your child:

Anything Else?

Please provide any other information that will help us build a relationship and work with your child:



Summer Camp Policies

We are looking forward to having you join us for Balance 180 Summer Camp. For your convenience, Summer Camp payments can be paid in person via cash, check or card, paid online via emailed invoice, called in, or mailed in via check.

Customer Information

Parent/Guardian Name: _____

Camper Name(s): _____

ALL CUSTOMERS

I have read and agree to comply with the following policies:

- I understand that my Balance 180 account must be current to register.
- I understand that if my child is not currently enrolled at Balance 180, there will be a registration fee of \$35 for the first child, \$30 for the second child, or \$80 for a family of three or more children. This is valid for an entire year should I enroll my child in another Balance 180 program- classes, etc.
- I understand that payment for at least one week of camp is due immediately upon registering to hold my child’s spot and that the remaining balance is to be paid in full by June 1 or my card on file will be automatically charged for the remaining balance. If the card on file does not process, I understand that I will lose my child’s spot for the weeks that are unpaid.
- I understand that I cannot change the dates for which I registered my child after June 1. I realize that any requests to transfer weeks prior to June 1 are subject to availability during the week requested.
- I understand that **NO REFUNDS** will be given for missed days/weeks or cancellations.
- I understand that if I drop off my child early (>15 min) and did not pre-pay for the extended hours or pick up late (>15 min), I am responsible for a \$8 payment for the extended hours which will be charged to my credit card on file.
- I understand that if my child is staying for a recreational class and I did not pre-pay for the transition to class, I am responsible for an \$8 payment which will be charged to my credit card on file.

CREDIT CARD INFORMATION

Card type: MasterCard VISA Discover AMEX Other

Cardholder name: _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number

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CVV _____ Expires _____ / _____

Email address _____ Phone number (_____) _____ - _____

I verify that the card information provided is valid and that I comply with the Summer Camp Policies above.

Customer’s Signature

Date