



2022 Summer Camp Registration

Camper's Information					
Name:	Sex:	Age:	D.O.B.:		
Mother/Parent 1 Name:		Father/Parent 2 Name:			
Address:		City:	State:	Zip:	
Home Phone #:	Parent 1 Cell #:		Parent 1 Work #:		
Parent 2 Cell #:	Parent 2 Work #:		E-mail:		
Password: (used to confirm safe pick-up)		Emergency Contact Name:		Emergency Contact Phone #:	
Are there any medical conditions/allergies to which we should be notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:					
<i>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>					
_____ Signature of Parent/Legal Guardian			_____ Date		
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 #:			
Selected Weeks					
(indicate <input checked="" type="checkbox"/> for weeks attending and any days that you need early drop off)					
<input type="checkbox"/> Week 1: July 11-15	<input type="checkbox"/> Week 2: July 18-22	<input type="checkbox"/> Week 3: Jul 25-29	Camp Hours: 8:30am-3:00pm Early Drop Off: Starts at 7:30am Rates: Weekly fee: \$200, 10% off for siblings Registration fee (non-members only): \$25 for one child \$45 for a family (2+ children) Early drop off: \$5/child/day		
<input type="checkbox"/> Early drop off ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri	<input type="checkbox"/> Early drop off ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri	<input type="checkbox"/> Early drop off ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri			
Additional Information					
T-Shirt Size (please check): CXS(2-4) CS(6-8) CM(10-12) CL(14-16) CXL(18-20) AS AM AL *T-shirts will be distributed during your child's first week of camp!					
How did you hear about us? _____					
<i>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.</i>					
_____ Signature of Parent/Legal Guardian			_____ Date		

For office use only: Deposit paid? Yes No



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 and Drink Accommodations

Does your child have any food allergies or require any special accommodation for eating and/or drinking?

Yes Allergy Type: _____ Reaction by: Ingestion Contact Inhalation

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

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

No allergies or special accommodations

Please list any allergies or special accommodations we should be aware of (Ex. Needs a straw for drinks):

Bathroom Assistance

Does your child require any special bathroom assistance from Balance 180? Yes No

Please list any specific bathroom assistance your child needs (periodic reminders, help with dressing, etc.) and what level of assistance you would find acceptable from Balance 180 staff or volunteers:

Medication and Skincare

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. 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 medication or skincare (allergies, special sunscreen/bug spray, etc.).

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 \$25 for the first child **or** \$45 for a family of two or more children. This is valid for an entire year should I enroll my child in another Balance 180 program- classes, birthday parties, 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 \$5 payment for the extended hours 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 _____ 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