



2024 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 8-12	<input type="checkbox"/> Week 2: July 15-19	<input type="checkbox"/> Week 3: Jul 22-26	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: \$260, 10% off for siblings. Additional \$5 per child for weekly B'Z Gelati. Registration fee (non-members only): \$30 for one child \$25 for second child \$65 total for families with 3+ children Early drop off: \$7/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>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.</i>			
_____ 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:
