

**Precision Gymnastics  
Day Camp Parent Permission Form 2024**

**Office Use Only:**

\_\_\_\_\_ Note on Account

\_\_\_\_\_ Card on File

\_\_\_\_\_ Date \_\_\_\_\_ Initials

***STUDENT INFORMATION***

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

***EMERGENCY INFORMATION AND PARENTAL CONSENT***

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Precision Gymnastics' staff to secure proper treatment for my child as named above. I affirm that my child is physically able to participate in camp activities.

I have read and fully agree with all the terms of registration as stated in the camp and gym literature, and on this enrollment form. I understand and assume the risk involved in physical activities and give my/our permission for my child to participate in Precision Gymnastics' activities

\_\_\_\_\_  
**Signature of Parent or Guardian**

***FAMILY INFORMATION***

**Father's Name:** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Primary E-mail Address** \_\_\_\_\_

***MEDICAL INFORMATION***

**Family Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_

**Please note any special accommodations, medical conditions, allergies, or medications we should be aware of for your child's safety.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PICK UP AUTHORIZATION INFORMATION**

I/We authorize the following person(s) to pick up my/our child from Precision Gymnastics' Day Camp in my/our absence. The following person(s) **must be over 16 years of age.**  
\*Staff will request identification of those requesting release of the child. \*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

**RULES FOR DAY CAMP**

1. Must always listen to Precision Gymnastics' instructions and follow gym rules.
2. No foul language.
3. Campers are not allowed in the office.
4. No fighting.
5. Ask permission before you use someone else's belongings.
6. Keep your hands to yourself.
7. Respect your coaches and fellow day campers.
8. Treat others the way you want others to treat you.
9. No gum, food or drinks other than water inside the gym.
10. No electronic games will be allowed.

**\*All children need a bag for their belongings. We are not responsible for any lost or damaged items your child brings to day camp.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Camper

**CAMP POLICIES AND PERMISSIONS**

I/We understand that Precision Day Camps are a **Peanut Free Zone**. There will be no snacks/lunches allowed that contain nuts or peanut containing items.

I/We understand G and/or PG movies may be viewed. All movies have been prescreened for inappropriate content and foul language.

I/We understand the payment(s) made toward camp is **non refundable** and cannot be applied to any other services or programs. I/We understand that I am required to store my credit card information to my Parent Portal account and all camp fees will be automatically charged at the time of sign-up.

I/We understand that my child will not be permitted to sign him/herself out of the program and must wait inside to be picked up.

I/We understand and agree to pay an extended care fee if my participant is picked up after the scheduled time. The fee of \$25.00 each half hour increment will be charged automatically to my card on file.

I/We understand that if the balance for my scheduled week(s) of camp is not paid, or if payment is declined/returned, my child will lose their spot in camp.

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**Signature of Parent or Guardian**

Office Use Only:

Card Stored:\_\_\_\_\_

Date:\_\_\_\_\_

Staff Initials:\_\_\_\_\_