

HERE'S TO A GREAT SUMMER!

Dear Parents,

First and foremost, please know that we consider it the highest form of compliment that you are entrusting your child to our care. We are looking forward to a fantastic summer and we are confident that this will be an awesome summer of physical fitness, confidence building, friendship, and of course gymnastics for your child.

We would like to take this opportunity to tell you just a little about our activities this summer.

Our seasoned staff is dedicated to making your child's summer something out of the ordinary in our state of the art 26,000 sq. ft. facility!

We have chosen a theme for each week of camp this summer and each activity your child participates in will be geared around that theme -everything from group games to arts and crafts. Encourage your child to participate in all of the activities as it makes for a wonderfully festive atmosphere for everyone. We are pleased to offer various themes weekly throughout the summer!

PROGRAM FEES:

All Pro summer camp welcomes children ages 4-14.

5 full days -\$290.00 (9:00 a.m. to 4:00 p.m.*)

\$25 off Sibling Discount applies to full day campers only

5 half days-\$225.00 (9:00 a.m. to 12:00 p.m. or 1:00 p.m. to 4:00 p.m.)

Full day drop in fee- \$75.00 per day (non-pre-registered campers)

Half day drop in fee-\$65.00 per day (non-pre-registered campers)

Need before or aftercare?

We will offer before and aftercare to those parents who may need their children to spend a little more time with us. The fees are as follows:

Before care (8:00 a.m. to 9:00 a.m.) - \$30.00 for the week or \$10.00 a day

Aftercare (4:00 p.m. to 6:30 p.m.) - \$75.00 for the week or \$25.00 per day

Please be sure to fill out all the proper camp forms ahead of your child's arrival to save you time when dropping off your child for camp!

ALL PRO GYMNASTICS AND CHEER ACADEMY SUMMER CAMP REGISTRATION FORM

6685 Santa Barbra Ct. Suite D
 Elkridge, MD. 21075
Front Desk: 410-379-5439
Office Hours: M-F 4-8:30pm

Fax: 410-379-5449
 vicki.allprogymandcheer@gmail.com
 www.allprogymanasticsandcheer.com
Tax ID: 273-511-178

Student's Name: _____ Sex: _____ Age: _____ DOB: ____/____/____
 Address: _____ City: _____ State: ____ Zip Code: _____
 Home Phone Number: _____ Registration Date: _____
 Mother's Name: _____ Father's Name: _____
 Mother's Cell Phone: _____ Father's Cell Phone: _____
 Primary Email Address: _____ School Name/Grade: _____
 If parents cannot be reached, in case of an emergency, contact:
 Name/ Relationship: _____ Phone: _____
 Does your child have any allergies/medical limitations? If so, Please explain: _____

Will your child be bringing any medications to camp? _____

	Full Day 9am-4pm	Half AM 9am-12pm	Half PM 1-4pm	Extended AM 8-9am	Extended PM 4-6:30pm		Full Day 9am-4pm	Half AM 9am-12pm	Half PM 1-4pm	Extended AM 8-9am	Extended PM 4-6:30pm
	\$290/week	\$225/week	\$225/week	\$30/week	\$75/week		\$290/week	\$225/week	\$225/week	\$30/week	\$75/week
June 18-22						July 23-27					
June 25-29						July 30 Aug 3					
July 2-6						Aug 6-10					
July 9-13						Aug 13-17					
July 16-20						Aug 20-24					
*July 2-6 week is a 4 day camp week. Prices are as follows: Full day \$220, Half day \$170						Aug 27-31					

\$100 deposit due at time of registration. Balance for all camps are due the Monday of the week your child is to attend camp. Please note that there will be at \$25.00 late fee for all monies not collected on the due date. Please understand that you are paying for your child's spot in a camp NOT their attendance.

My child may be released for pick-up to the following Person's:
 _____ Relationship _____
 _____ Relationship _____

Acknowledgment of Risk and Waiver of Liability

I, parent or Legal Guardian, of the child listed above, hereby give permission in any and all risk and hazard. Incidental to such participation and do hereby waive, release, absolve, indemnity, and agree to hold harmless All Pro Gymnastics & Cheer Academy, the employees, owners, supervisors, coaching instructors, and any subcontractor working with/ for All Pro Gymnastics & Cheer Academy. If I, my son, or daughter has any physical condition that may impair their ability to engage in these activities, it is always advisable to consult your physician prior to undertaking any physical exercise program. If necessary, I authorize All Pro Gymnastics and Cheer Academy to administer first aid and/or authorize medical treatment in my absence. Students are expected to carry their own medical and accident insurance. In signing below, I agree to be responsible for any medical bills incurred during my child's participation at All Pro Gymnastics and Cheer Academy. I give my permission for All Pro Gymnastics and Cheer Academy to take and use any photos of my child for the purpose of advertising or website use. This waiver of liability, having been read thoroughly and understood completely is signed voluntarily as to its content and intent. By signing this release, I understand the policies and liabilities that may occur in sports activities. I understand there are no refunds or credits given for missed camp days.

Parent/Guardian Signature: _____ **Date:** _____

Credit/Debit Card for Deposit/Balance:
 MC/VISA Card# _____ Exp Date ____/____ Zipcode _____ Security code _____
 By filling in the above information All Pro Gymnastics and Cheer Academy has permission to charge my credit institution for any and all outstanding balances due.

STAFF ONLY: HEALTH HISTORY _____ MEDICATION AUTHORIZATION _____ DEPOSIT DATE _____

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES -If yes, see Section III below. <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR .		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
14a. PRESCRIBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PRESCRIBER'S SIGNATURE authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE