



NYC ELITE SUMMER CAMP 2017 REGISTRATION FORM



CAMPER INFORMATION

Camper Name _____ Age _____ Sex _____ Birthdate _____
Parent/Guardian _____ Home phone _____ Cell _____
Address _____ City _____ State _____ Zip _____
Emergency contact (other than parent) _____ Phone _____ Relation to child _____

MEDICAL INFORMATION

Child's doctor _____ Phone _____ Dentist _____ Phone _____
Medical Insurance Carrier _____ ID # _____
Medication or Food Allergies _____
Please notify NYC Elite of any dietary restrictions.
Are there any known physical limitations or developmental concerns? _____

THE ATTACHED DEPARTMENT OF HEALTH FORM MUST BE USED. We cannot accept a doctor's form. Without the Department of Health form, your camper will not be allowed to participate.

PAYMENT INFORMATION

We require full payment upon registration for all camp weeks.
Please put an "x" next the location & weekly option in which you would like to register.

Choose NYC Elite location: Tribeca UES UWS

- Half Day Camp:** (9:00am-12:00pm)
- H.D. Option 1:** Monday – Friday (5 days) \$440
 - H.D. Option 2:** Tue & Thurs. (2 days) \$176
 - H.D. Option 3:** Mon/Wed/Fri (3 days) \$264

- Full Day Camp:** (9:00am-3:30pm)
- F.D. Option 1:** Monday – Friday (5 days) \$665
 - F.D. Option 2:** Tue & Thurs. (2 days) \$266
 - F.D. Option 3:** Mon/Wed/Fri (3 days) \$399

Credit Card Information :

AMEX / VISA / MC / DISCOVER

Card number: _____

Exp. Date ____/____ Sec Code : _____

Full payment amount _____

Please check the week(s) you wish to reserve for your camper.

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| 6/19-6/23 | 6/26-6/30 | *7/5-7/7 | 7/10-7/14 | 7/17-7/21 | 7/24-7/28 | 7/31-8/4 | 8/7-8/11 | 8/14-8/18 | 8/21-8/25 | 8/28-9/1 |
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*Prorated Week 7/5: Full day: Option 1 (Wed-Fri): \$399 Half Day Option 1 (Wed-Fri): \$264

NYC Elite summer camp swims weekly at a local pool. The depth of the pool is four feet. In addition to the pool's lifeguard, NYC Elite provides adult chaperones. Please notify us of any reason your child cannot participate in swimming activities. **Does your child know how to swim? Y/N (FULL DAY ONLY)**

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

WARNING: By the very nature of the activity, gymnastic and dance carry a risk of physical injury. No matter how careful the student and instructor are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. You hereby agree to waive any claims or rights that you might otherwise have to sue us (NYC Elite Gymnastics, Inc.), our employees, owners, or officers for injuries that may occur as a result of any activity conducted at NYC Elite. You assume all liability and risk. If injury should occur to the above named while participating in any NYC Elite activity, I hereby authorize NYC Elite to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Signature _____ Date _____

