Camper’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) Age: \_\_\_\_\_\_\_\_

Home Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emerg.Contact Name&Ph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please, circle your choices for Week# and After Care

|  |  |
| --- | --- |
| **Session** | **Dates** |
| Week 1 | July 11 – July 15 |
| Week 2 | July 18 – July 22 |
| Week 3 | July 25 - July 29 |
| Week 4 | August 1 – August 5 |
| Week 5 | August 8 – August 12 |

***Age 5yo & up***

***Price for full day M-F, 9am-4pm $375/wk***

***Half day (morning) M-F, 9am-12:30pm $250/wk***

***Half day (afternoon) M-F, 12:30pm-4pm $250/wk***

***Daily price = $65.00 (NO walk-ins)***

***Discounts: Second child - 5%***

***Early drop off: 8:30am-9am $30/week***

***Extra hour after care: 4-5pm $50/week***

No, thanks | Mo| Tue| Wed | Thu | Fri | (please circle your choice)

**At least 5 girls required to open summer camp group. Campers attire is regular gymnastics uniform, hair in ponytail or bun.**



 Full Day Hours: 9 AM – 4 PM

Half Day Hours: 9 AM – 12:30PM

or 12:30 PM – 4 PM

Lunch is eaten between

12:00 PM and 1:00 PM



Campers should bring lunches,

Snacks and water

***We have a Refrigerator to store lunches and snacks if needed!***

Stop by for registration from June 1st

**Registration fee = $35 is not refundable**.

Email us at **info@PrestigeRhythmic.com** **or** go to **www.PrestigeRhythmic.com**

 **Phone #: 847-612-7535 Tanya, Owner and Head Coach**

**21580 Atlantic Blvd., Unit110, Sterling VA 20166**

*Entrance from the back door, please*

 **WAIVER OF LIABILITY—ACCEPTANCE OF FULL RESPONSIBILITY FOR ALL RISKS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian and/or one of the above named participants, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, cheerleading, clinics, camps, private lessons, pre- school and special events. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs at Prestige Rhythmic Gymnastics Program or on any equipment or facility contents and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Prestige Rhythmic Gymnastics Academy, its officers, directors, shareholders, employees, or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Prestige Rhythmic Gymnastics Academy. I also understand that it is the responsibility of the legal guardian and/or the named above persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels appropriate. Prestige Rhythmic Gymnastics Academy will only warn the participant thru safety messages and our teaching style and progressions.

\_\_\_\_\_\_\_\_\_\_ Any damage of the facility or/and equipment caused by students should be the full responsibility of the parents.

\_\_\_\_\_\_\_\_\_\_Media: I also understand and give permission for photographs and videos of named persons and/or participants and/or myself to be used in print or broadcast media as deemed appropriate for the promotion of Prestige Rhythmic Gymnastics Academy.

\_\_\_\_\_\_\_\_\_\_PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE: I confirm that the above named persons and/or participants are in good health and I have medical insurance and will provide coverage while named persons and/or participants are enrolled. I fully understand that Prestige Rhythmic Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Prestige Rhythmic Academy staff members to render temporary first aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by Prestige Rhythmic Gymnastics Academy staff to seek medical help including calling of an ambulance for said persons and/or participants should the Prestige Rhythmic Gymnastics Academy staff deem this necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participating at Prestige Rhythmic Gymnastics Academy.

**During COVID-19 situation parents are not allowed to be in the gym**

**Parent’s signature:**

**Date: / /**