



Summer Camp 2020 Registration Form

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<p>Check box for your selected weeks & leave line blank for office use please.</p> <p>Week 1: CLOSED</p> <p><input type="checkbox"/> Week 2: July 6-10 _____</p> <p><input type="checkbox"/> Week 3: July 13-17 _____</p> <p><input type="checkbox"/> Week 4: July 20-24 _____</p> <p><input type="checkbox"/> Week 5: July 27-31 _____</p> <p>Week 6: CLOSED</p> <p><input type="checkbox"/> Week 7: Aug 10-14 _____</p> <p><input type="checkbox"/> Week 8: Aug 17-21 _____</p> <p><input type="checkbox"/> Week 9: Aug 24-28 _____</p> <p><input type="checkbox"/> Week 10: Aug 31-Sept 4 _____</p> <p>*PLUS APPLICABLE TAXES</p> <p><input type="checkbox"/> SIBLING DISCOUNT 10% off 2nd +</p> <p><input type="checkbox"/> MULTI FULL WEEK DISCOUNT 5 %</p> <p>**IF REGISTERING FOR TWO OR MORE FIVE DAY, FULL DAY CAMP WEEKS</p>	<p>FULL DAY 9:00-4:00</p> <p><input type="checkbox"/> 5 Days - \$220</p> <p><input type="checkbox"/> 3 Days - \$140</p> <p><input type="checkbox"/> 2 Days - \$98</p> <p><input type="checkbox"/> 1 Day - \$49</p> <p>EXTENDED HOURS</p> <p><input type="checkbox"/> AM 8:00-9:00 (\$6/day)</p> <p><input type="checkbox"/> PM 4:00-5:30 (\$8/day)</p> <p><input type="checkbox"/> BOTH (\$14/day or \$70/week)</p> <p>DROP OFF & PICK UP TIMES</p> <p>_____ & _____</p> <p>OFF UP</p>	<p>HALF DAY</p> <p><input type="checkbox"/> AM 9:00-1:00</p> <p><input type="checkbox"/> PM 1:00-4:00</p> <p><input type="checkbox"/> 5 Days - \$165</p> <p><input type="checkbox"/> 3 Days - \$105</p> <p><input type="checkbox"/> 2 Days - \$72</p> <p><input type="checkbox"/> 1 Day - \$36</p> <p>GYMNASTICS ONTARIO INSURANCE FEE</p> <p><input type="checkbox"/> \$30 (if more than 3 days of camp)</p> <p><i>Valid July 1 2020-June 30 2021</i></p> <p>Our camp age requirements have to follow the Province of Ontario's Child Care and Early Years Act. Only children who are 4 years of age at the start of program will be permitted to participate in any camp program.</p>
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Personal Information

Gymnasts Name: _____ Gender: M or F

Address: _____
Number/Street City Postal Code

Home Phone: () _____ Date of Birth: ____/____/____ Age: ____
Month Day Year

Contact Information

Parent/Guardian #1 : _____

Work Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian #2 : _____

Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Information (other than Parent/Guardian)

Name: _____ Phone: _____

Relationship to Child: _____

Medical Information

Allergies/Medications? Yes No If yes, Please list: _____

Health/Special Needs Information: _____

Late Pick Up Information

There will be a \$5.00 late pick up fee for every 15 minutes past pick up time. Full policy will be posted during camp.

Refund & Payment Policy

- 🌸 Full payment is required with registration
- 🌸 No refund will be given once week of camp has started
- 🌸 Missed days will not be credited, refunded or transferred
- 🌸 Full refund will be given if withdrawal is done 2 weeks prior to start of camp week
- 🌸 If cancellation is made less than 2 weeks before the start of camp week then 50% of fees paid will be refunded or credited

Waiver

There is a risk of injury involved in training and participating in any sport. Cartwheels Gym Centre have tried to create a safe and controlled environment for participation. Rules have been established for participation and conduct in and around the gymnastics area that must be followed. Cartwheels Gym Centre has the right to remove any participant for non-compliance. All information collected is for registration purposes only. Fall registrations will include the full length waiver and it's available on request to Summer participants.

Signature: _____ Date: _____
Parent / Legal Guardian

Behaviour Contract

In registering for our Summer Camp, I understand that there is an expectation of reasonable behavior from my child. Any disruptive behavior that affects the enjoyment and involvement of other participants, requires repeated attention of staff, or jeopardizes the safety of my child or others, will be identified to me and resolved in coordination with the staff. Serious or repeat occurrences may result in my child being asked to leave the program.

Signature: _____ Date: _____
Parent / Legal Guardian

Credit Card # _____ Expiry _____

FOR OFFICE USE ONLY

Amount \$ _____	Date _____	Amount \$ _____	Date _____
Amount \$ _____	Date _____	Amount \$ _____	Date _____
Amount \$ _____	Date _____	Amount \$ _____	Date _____
Amount \$ _____	Date _____	Amount \$ _____	Date _____