



2020 NEAG February Vacation Camp Registration Form

PLEASE PRINT CLEARLY.

**Only one form per camper*

Camper Name:

Sex: M / F	Age:	Birthdate:
Address:		Apt:
City:	State:	Zip:

Parent/Guardian Name #1:

Address:
City, State, Zip:
Home Phone:
Cell Phone:
Email:

Parent / Guardian Name #2

Address:
City, State, Zip:
Home Phone:
Cell Phone:
Email:

Emergency Contact #1:

Relationship to Camper:
Home Phone:
Cell Phone:

Emergency Contact #2:

Relationship to Camper:
Home Phone:
Cell Phone:

Has your child ever been enrolled in a program at NEAG? _____YES _____NO

Pick-Up Authorization

Please list up to three people who are authorized to pick up your child from camp, or extended care. Individuals listed above are automatically authorized, unless specifically listed as "Non-Authorized" below.

Your child will only be released to an authorized person with a photo ID.

1. _____ 2. _____ 3. _____

Non-Authorized Pick-Up

1. _____ 2. _____ 3. _____

In the signing of this registration form, parents/guardians accept the following statements:

I/We the parents/guardians of (Participant's name) _____ give my/our approval for his/her participation in the programs at New England Academy of Gymnastics. *I/We assume all risks and hazards incidental to the conduct of the programs. *I/We, the undersigned, being of legal age and acting guardian of the participant, releases and holds harmless New England Academy of Gymnastics or any and all representatives of New England Academy of Gymnastics from any and all responsibility of injury acquired by the participant, visiting children, and parent/guardian while on the premises, or at sites associated with participation in the programs. *I/We understand that our child should never be dropped off or picked up outside or left for any extended time without parent/guardian supervision. *I/We understand that New England Academy of Gymnastics reserves the right to dismiss any student whose conduct is detrimental to the overall good of the program. *I/We understand that if an emergency arises which should require immediate medical attention, and we, as the parents/guardians cannot be contacted, the staff of New England Academy of Gymnastics are authorized to take whatever steps necessary to protect the health of the participant.

Parent/Guardian Signature _____ Date _____

New England Academy of Gymnastics
894 Boston Post Road East * Marlborough, MA. 01752
Phone: 508-460-6324 * Fax: 508-460-6320
www.newenglandgymnastics.com

2020 NEAG FEBRUARY VACATION CAMP REGISTRATION FORM

**Only one form per camper*

CAMPER NAME _____

Please circle the days your child will be attending camp, and extended day. Only one registration form per child. Please register additional siblings using a second form. Enter total fees for each day. Include camp and extended day options. Payment is due in full at time of registration. Failure to submit payment along with this registration form may result in loss of enrollment. Enrollment is on a first come, first serve basis, and is not guaranteed. Once camp has reached capacity, any additional applicants may be placed on a waitlist. No payment will be processed if a child is placed on a waitlist.

PRICING GUIDE

THE MORE YOU PLAY, THE LESS YOU PAY!

1st day = \$105

2nd day = \$95

3rd day = \$85

4th day = \$75

5th day = FREE!

DAY / ACTIVITY	Daily Schedule	Extended Day 1	Extended Day 2	Total Daily Fees
Monday, February 17th Trudi's Designers	8:00am-3:00pm	3:00pm-4:00pm +\$10.00	3:00pm-5:00pm +\$20.00	
Tuesday, February 18th Roller Kingdom	8:00am-3:00pm	3:00pm-4:00pm +\$10.00	3:00pm-5:00pm +\$20.00	
Wednesday, February 19th Apex Bowling	8:00am-3:00pm	3:00pm-4:00pm +\$10.00	3:00pm-5:00pm +\$20.00	
Thursday, February 20th EcoTarium	8:00am-3:00pm	3:00pm-4:00pm +\$10.00	3:00pm-5:00pm +\$20.00	
Friday, February 21st Movies	8:00am-3:00pm	3:00pm-4:00pm +\$10.00	3:00pm-5:00pm +\$20.00	

Method of Payment

_____ Cash

_____ Check

_____ Credit Card

Check # _____

Credit Card # _____

Exp _____

Signature _____

**Make all checks payable to "New England Academy of Gymnastics"*

Please return this form to New England Academy of Gymnastics February Vacation Camp, Camp Registration
890 Boston Post Rd. E. Marlborough, MA. 01752
Phone: (508)460-6324 * Fax: (508)460-6320
newenglandgymnastics@gmail.com



2020 NEAG February Vacation Camp Heath History and Examination Form

THIS PAGE MUST BE COMPLETED AND SIGNED BY A PARENT/GUARDIAN.
IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS LAW, CHILDREN MUST HAVE
HAD A PHYSICAL WITHIN 24 MONTHS PRIOR TO ATTENDING CAMP. PLEASE ATTACH A
COPY OF YOUR CHILD'S MOST RECENT PHYSICAL TO THIS PACKET.

CAMPER NAME

Birthdate _____ Sex _____ Age _____
Home Address _____
City _____ State _____ Zip _____

Parent/Guardian

Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____

Emergency Contact #1) _____ Relationship _____ Phone _____
Emergency Contact #2) _____ Relationship _____ Phone _____

Medical History

Are you, or have you ever been treated for nay of the following:

Yes	No	Condition	Explain
		Frequent Ear Infections	
		Heart Defect / Disease	
		Seizures	
		Diabetes	
		Bleeding Disorders	
		Chicken Pox	
		Asthma	
		Frequent Bloody Nose	
		Surgery	
		Poison Ivy	
		Insect Stings	
		Broken Bone	
		Sprain	

Name of child's physician _____ Phone _____
Name of child's dentist/orthodontist _____ Phone _____

Medical Insurance Information

Subscriber Name		SSN (optional)	
Carrier Name		Carrier Address	
Group Name		Group Numer	

This information is correct and complete to the best of my knowledge. My child _____ has my permission in all camp activities except as noted by me, and/or the examining physician. I hereby give permission to the camp to provide routine health care, administer pre-perscribed medications, and seek emergency medical treatment including x-rays, and routine tests. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above.

Signature _____ Date _____

**THIS PAGE IS TO BE FILLED OUT BY A LICENSED PHYSICIAN OR YOU
MAY ATTACH THE PHYSICIANS OWN FORM**

Camper's Name _____

Please record all dates (month and year) of immunizations and most recent booster doses

Date of last physical exam _____

Must be within 24 months of child's attendance at camp

Height _____ Weight _____ Pulse _____ Blood Pressure _____

VACCINES	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT Diphtheria, Pertussis, Tetanus					
TD Tetanus, Diphtheria					
Tetanus					
Polio					
MMR Measles, Mumps, Rubella					
Measles					
Chicken Pox					
Tuberculin Test					
HB Haemophilus, Influenza					
Hepatitis B					
Other					

Is the applicant currently under the care of a physician? If yes, why. _____

Allergy History

This camper has allergies..... ☐ YES ☐ NO If yes, please document below.

ALLERGEN	Typical Reaction	Treatment Plan

Current Medications _____

*If camper will be taking prescription medication during the camp day, it must be in the original prescription container with the current correct dosage on it. If dosage is different than listed on the prescription container, the prescribing physician must provide documentation

Recommendations and/or restrictions while at camp _____

In my opinion, the above individual may participate in an active camp program with the noted restrictions above.

Licensed Physicians Signature _____ **Date** _____

Address _____ **Office Phone** _____



February Vacation Camp

MEDICATION AUTHORIZATION FORM

CAMPER NAME _____ DOB _____

All medications including perscription, over-the-counter medications, allergy injections, food supplemements, and vitamins must have a Medication Authorization Form on file to be administered while at camp. Any medications brought to camp must be kept in the medications box, kept by the camp director. This box travels with the campers at all times. No campers may carry their own medications. All perscription and over the counter medication, must be received in its original container with label bearing a current date, child's name, drug name, and the perscribing licensed providers name, or over the counter packaging. Medications brought to camp must come with the child at the beginning of each camp day, and leave with the child upon pickup the same day. NEAG will not keep medications on site overnight.

As the parent of the above named camper, I hereby authorize New England Academy of Gymnastics to administer my child the medications as indicated below. If there is a change in perscription, the child's health care provider must provide documentation.

Parent / Guardian Signature _____

Medication _____
Route of Administration _____ Dosage _____
Frequency _____ Time of Administration _____
Specific directions or information for administration _____
Side effects, or possible adverse reactions to be observed _____

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Route of Administration _____ Dosage _____
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Side effects, or possible adverse reactions to be observed _____

IMPORTANT CAMP INFORMATION

REGISTRATION

Registration will begin on January 2nd, and will continue up to the first day of camp (availability pending).

Payment, as well as all necessary health forms, must accompany a completed registration form. Payment for all extended day options is also due at this time. Once your registration, payment, and health forms have been processed, you will receive an email confirming your child's enrollment in camp. Please note, some field trips require signed waivers in order for your child to attend, or participate. These forms have been included in your packet. If your child will be attending one of these trips, please fill out and sign the appropriate waivers and return them with your registration form.

REFUNDS AND TRANSFERS

If a cancellation is received prior to the start of camp, a full refund will be issued. Once a child's registration has been processed, if the child fails to attend, experiences incomplete attendance, or is dismissed for any reason, no refund or transfer of fees paid will be made. This applies to extended day programs as well.

Transfers from one camp day to another are acceptable if space is available. All transfers are at the discretion of the camp director.

HEALTH AND SAFETY

According to Massachusetts State Law, each child must have a physical examination and an up to date immunization record signed by a physician to attend camp. Children are required to have had a physical within 24 months of attending camp. We must have a completed health form in order to register your child for camp. Registrations submitted without a health form will be placed on a pending status.

All NEAG staff are USA Gymnastics Safety Certified. We recognize that not all children attending camp have taken gymnastics before. NEAG welcomes gymnasts from the most beginner to the most skilled to attend our camp program. Your child will be placed in a group working on the appropriate skills for his/her level of experience. Your child's safety in the gym is of the utmost importance to us. Please keep in mind that campers will be engaging in some activities outside the gym where additional safety equipment may be necessary for participation. NEAG and their partnering businesses will provide any necessary safety equipment. This camp must comply with regulations of the MDPH, and be licensed by the MBOH.

FOOD

Campers must bring their own lunch, drinks and snacks daily. NEAG will have snacks and drinks available for purchase if necessary. However, these items should not be relied on as a child's primary lunch. Please note that we take food allergies seriously, and do not allow sharing of food between campers for safety.

WHAT TO WEAR

While doing gymnastics, your child should wear clothing that is comfortable and breathable. Shorts and a fitted t-shirt work well. Please no clothing with buttons, snaps, zippers or any other embellishment that could hurt your child, or our equipment. Leotards are also appropriate for girls, but are not necessary. Prior to leaving for field trips, campers will have a chance to change into more weather appropriate clothing if needed. Please be advised that many field trip activities require socks, and/or sneakers for participation. Please send your child with these two items daily.

CAMP HOURS / EXTENDED DAY

Our standard camp day is from 8:00am-3:00pm. Campers should be dropped off at NEAG no earlier than 8:00am, and no later than 8:30am. Camper pick up for standard day is by 3:00pm sharp at NEAG. Extended care programs are offered from 3:00pm-4:00pm, or from 3:00pm-5:00pm. Pick-up for both of these programs is at our NEAG facility. If a child is not picked up by their appropriate time, there will be a \$10, per child fee for late pickup.

FIELD TRIPS

Daily field trips are a part of the vacation camp day and fall within the standard daily hours of camp. Exact times for each field trip differ by day and will be available at drop off each day of camp. Field trip costs are built into the registration fee.

Transportation will be provided to and from each field trip. Pickup and/or drop-off from field trip locations is not permitted.

Some of our field trips may require waivers. These have been placed in this packet for your convenience. Please fill out the appropriate waivers, and return them with your registration form. Campers without waivers may forfeit the opportunity to participate in certain activities.