

USC Gymnastics Summer Camp Registration Form 2024

Today's Registration Date: ____/____/____

Place "X" to select

Camper's Last Name _____

Camper's First Name _____

Circle Boy/ Girl Age ____ D.O.B ____/____/____

Any Allergies? Please Circle NO YES

If Yes, allergy: _____

- Baseball Full Day 8am-3pm
- Baseball ½ Day 8am - 12pm
- Gymnastics Camp 9am-4pm 5-9yrs
- Gymnastics Camp 9am-4pm 10-13yrs

*Doors Open at 8:50am

Gymnastics Camp 9am-4pm \$550 Baseball 8am-12pm \$350 Baseball 8am-3pm \$550

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8
7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23

Early Drop Off between 8am-8:45am \$50wk

___ YES I need Early Drop Off / My child will be dropped off before 8:45am

___ NO I do not need early drop off

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8
7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23

Late Pick Up between 4pm-5:30pm \$100wk

___ YES I will need Late Pick Up / My child will be picked up between the hours of 4pm & 5:30pm
*Indicate approximately pick up time _____ pm

___ NO I do not need late drop off

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8
7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23

*Early Drop-Off cannot pick single days MUST BE WEEKLY & PRE PAID * No Checks Accepted

If there are multiple kids indicate 1st child 2nd child 3rd child

Mother's Name _____ Father's Name _____

Mom's Cell # _____ Father's Cell # _____

Mom's Email _____ Father's Email _____

Home Address _____

Emergency Contact Name _____ Phone # _____

Authorized family members and/or friends pick up list

Please fill out the names and phone #'s of all people authorized to pick up your child (**Parents are auto included**)

Name: _____ Tel # _____ Relationship: _____

Name: _____ Tel # _____ Relationship: _____

Name: _____ Tel # _____ Relationship: _____

We must be notified via email info@uscgymnasticsbaseball.com to allow a person not on this list to pick up the child. We will call the parent who notified us to verify information and the person will need to show ID upon pick up.

Enrollment Contract: Please initial next to each statement:

I understand that USC plans and provides a spot for my child in the camp therefore any missed days, or early pick up cannot be deducted _____

I understand that if I withdraw my child after payment is made the payment is Non Refundable/Non Transferable _____

I understand pick up is until @4PM and there is a late fee pickup if needed _____

I understand there is a 3.5% fee when paying with credit card/debit card & USC does not accept Checks _____

I understand that USC reserves the right to determine whether or not my child will be a good fit at the USC. If USC determines that your child should not continue in the program for conduct and behavioral reasons USC will dismiss your child and return any monies due for the following weeks to come _____

I give permission to my child to eat/drink all snacks provided by USC. I understand to send additional snack if needed (NO CANDY/ SODA/ CHOCOLATE/ GUM _____

I understand that my child is not allowed to bring in electronics/ video games _____

I understand that my child will not be able to play on his/ her cell phone and it is only to be used to call a parent/ guardian in case of an emergency. Cell phones must be kept in a bag. USC is not responsible for lost or stolen cell phones/ monies or electronics.

I have signed the electronic facility waiver online and will sign the daily COVID 19 online daily survey each day my child is enrolled in camp _____

I give permission to my child to go on outdoor trip to nearby local parks and/or baseball field _____

I certify that my child is in good physical condition and can partake in all daily indoor & outdoor sports activities such as baseball, soccer basketball, gymnastics, dance, yoga, running, climbing & jumping _____

By my signature below & in my absence, I authorize and hereby grant permission to any approved USC staff member to call 911 and give consent for my child to receive medical treatment from 911 and/or any area hospital in the event of a medical emergency _____ Initials

Parent Signature: _____

I understand that there is a current COVID -19 Pandemic and the use of the USC camp's facilities involves activities and interactions that may expose my child to the Covid-19 virus. I realize that no environment is risk-free and although the facility is taking precautionary measures and following CDC Sanitizing and social distancing guidelines, I agree to waive any claims for exposure to the Covid 19 virus, damage, injury, or illness against USC GYMNASSTICS & BASEBALL TRAINING FACILITY or its agents while utilizing any of its facilities _____

I understand that if my child is allergic to any foods, it is my responsibility to educate my child on not eating any other foods from any other students in the program other than what's given in their lunch box _____

I give USC GYMNASTIC & BASEBALL TRAINING FACILITY authorized staff member(s) permission to apply the following to my child in the event of an, insect bite/ insect protection, sun exposure, itchy or red dry skin, minor scrape/cut (Please check below & Sign) Water Babies SPF 50 Hypoallergenic Sunscreen ___ Antibiotic Ointment (Neosporin) ___ Band-Aid Brand Hurt Free Antiseptic Wash ___ Hydrocortisone 1% Anti Itch Ointment ___ A&D Ointment ___ I will send my own topical products to be applied to my child if needed _____

Medical/ Health

I certify that my child has no known symptoms of the COVID -19 Virus

I am certifying that my child has no known health concerns and is in good physical and mental health and is able to do gymnastics and sports summer camp activities.

Parent Signature _____
Health Ins. Plan Name: _____ Policy # _____
Name of Insured _____ Relationship to Camper _____

Please provide any information about participant’s behavior and physical, emotional, or mental health that USC should be aware of:

Family Physician _____ Phone No. _____

Medical Alerts- Please check all that apply;

- _____ Drug Allergies - _____
- _____ Food/ Environmental Allergies _____
- _____ Bee Sting Allergy _____
- _____ Asthma/Inhaler _____
- _____ Epi-Pen _____
- _____ Current Medications _____
- _____ Other _____

ALLERGY STATEMENT (If Applicable)

*I hereby allow a manager staff member of Uptown Sports Complex to administer Benadryl or an Epi Pen that I have provided to them for my child _____, in the event that my child has a food related allergy and/ or allergic reaction _____

Immunizations up to date: Yes ___ No ___ * Date of Last Physical: ___/___/___

MUST SUBMIT COPY PHYSICAL BEFORE STARTING CAMP

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

----- OFFICE USE ONLY -----

Registration Date ____/____/____

Sibling name if applicable _____

Campers First Name _____ Campers Last Name _____

Age _____ Sex _____ Returning Sibling Discount _____ Early Drop off Late Pick up

Gymnastics Camp 9am-4pm 1/2 Day BB Camp Full Day BB Camp

Wk1 wk2 wk3 wk4 wk5 wk6 wk7 wk8
7/1-7/5 7/8-7/12 7/15-7/19 7/22-7/26 7/29-8/2 8/5-8/9 8/12-8/16 8/19-8/23

Total Weeks _____ X week rate \$ _____ Early Drop Off Total \$ _____ Lake Pick Up Total \$ _____

TOTAL DUE \$ _____

Credit Card 3.5% fee \$ _____ Total Due \$ _____ Payment cash check # _____

***Make all checks payable to: Indoor Sports Group** Payment Date ____/____/____

If paying over the phone staff must fill out completely in order to process payment

VISA MASTERCARD AMEX DISCOVER

CARD # EXP DATE
SECURITY CODE CARD ZIP CODE

----- CLIENT RETURNING ONLY -----

Date of Return ____/____/____ Circle Additional WKS WK2 WK3 WK4 WK5 WK6 WK7 Wk8

Amount Due \$ _____ Amount Paid Above \$ _____ Total Due \$ _____

Payment type cash check credit card (3.5% fee _____)

Total Amount Due \$ _____ Employee Initial _____

Date of Return ____/____/____ Circle Additional WKS WK2 WK3 WK4 WK5 WK6 WK7 Wk8

Amount Due \$ _____ Amount Paid Above \$ _____ Total Due \$ _____

Payment type cash check credit card (3.5% fee _____)

Total Amount Due \$ _____ Employee Initial _____