

Place “X” to select

☐ Baseball Full Day 8am-3pm☐ Baseball ½ Day 8am - 12pm☐ Gymnastics Camp Full Day 9am-4pm

☐ *Gymnastics Camp 1/2 Day 9am-1pm*

\*Doors Open at 8:50am

☐ wk1 ☐ wk2 ☐ wk3 ☐ wk4 ☐ wk5 ☐ wk6 ☐ wk7 ☐ wk8  
~~6/30-7/3~~ 7/7-7/11 7/14-7/18 7/21-7/25 7/28-8/1 8/4-8/8 8/11-8/15 8/18-8/22

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

wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8
6/30-7/3	7/7-7/11	7/14-7/18	7/21-7/25	7/28-8/1	8/4-8/8	8/11-8/15	8/18-8/22

\_\_\_YES I will need Late Pick Up / My child will be picked up between the hours of 4pm & 5pm  
\*Indicate approximately pick up time \_\_\_\_\_ pm

wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8
6/30-7/3	7/7-7/11	7/14-7/18	7/21-7/25	7/28-8/1	8/4-8/8	8/11-8/15	8/18-8/22

\*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 #
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**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](mailto: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 Full Day ☐ BB Full Day Camp ☐ Gymnastics ½ Day ☐ BB ½ Day Camp ☐

Wk1 ☐ wk2 ☐ wk3 ☐ wk4 ☐ wk5 ☐ wk6 ☐ wk7 ☐ wk8 ☐

~~6/30-7/3~~ 7/7-7/11 7/14-7/18 7/21-7/25 7/28-8/1 8/4-8/8 8/11-8/15 8/18-8/22

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 \_\_\_\_\_