



EXCEL GYMNASTICS

2314 US 9W, Saugerties NY 12477

excelgymnastics.info@gmail.com

(845)336-6706



Camp Registration / Health Form

Student Information: Student #1

Full Name:	Date of Birth:	Age:	Male / Female
Grade Level:	Gymnastics Experience:	Where?	

Student Information: Student #2

Full Name:	Date of Birth:	Age:	Male / Female
Grade Level:	Gymnastics Experience:	Where?	

Parent/Guardian Information

Parent/Guardian Full Name:	Relationship:	
Street Address:		
City:	State:	Zip
Home Phone:	Cell	Work:
Email Address:		

Parent/Guardian Full Name:	Relationship:	
Street Address:		
City:	State:	Zip
Home Phone:	Cell	Work:
Email Address:		

Emergency Contact

Name:	Phone:	Relationship:
-------	--------	---------------

Health Care Information

Insurance Company:	Phone:
Subscriber:	Policy Number:
Primary Physician	Phone:
Specialist/Other:	Phone:

General Health History

Circle "Yes" or "No" for each question. Explain any "Yes" answers below.

Ever Been Hospitalized?	No / Yes	Ever had surgery?	No / Yes
Have a chronic illness?	No / Yes	Recent infectious illness?	No / Yes
Had a recent injury?	No / Yes	Have Asthma/Shortness of breath	No / Yes
Have or had headaches?	No / Yes	Have or had seizures	No / Yes
Had fainting or dizziness?	No / Yes	Wear corrective lenses/contacts	No / Yes
Have problems with diarrhea/constipation	No / Yes	Passed out/chest pain during exercise	No / Yes
Had mononucleosis (mono) during last 12 months	No / Yes	Have any skin problems/issues	No / Yes

Please explain any "Yes" answers above: _____

Allergies

Does this camper have any known allergies?	No / Yes
If "Yes", the camper is allergic to: <ul style="list-style-type: none"> <input type="radio"/> Food - _____ <input type="radio"/> Medicine - _____ <input type="radio"/> The environment (insect stings, hay fever, ect) - _____ <input type="radio"/> Other - _____ 	
Please describe specifics about the allergy and what reactions are seen. _____ _____ _____	

Mental, Emotional and Health

Select "Yes" or "No" for each question. Explain any "Yes" answers.

1. Ever been treated for attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)? <p style="text-align: center;">No / YES</p>	If "Yes": _____ _____ _____ _____
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? <p style="text-align: center;">No / Yes</p>	If "Yes": _____ _____ _____ _____
3. During the past 12 months, seen a professional to address mental/emotional health concerns? <p style="text-align: center;">No / Yes</p>	If "Yes": _____ _____ _____ _____

Immunization History

Please provide a copy of your child’s immunization history from your doctor’s office. Immunizations **must be up to date** for the health and safety of all staff and campers at Excel Gymnastics. **You must bring a copy to the facility at 2314 US 9W, Saugerties, NY 12477 at least one to two weeks prior to your child’s first week of camp.**

Medications

Excel Gymnastics coaches and employees will not administer any prescribed medications without specific written consent from a Parent/Legal Guardian. If a camper must take a prescription medicine during camp hours, the medication must be in the original bottle with the camper’s name, along with the detailed instructions from prescribing doctor for when and how to administer the medication and whether the camper will need additional assistance when taking the medication. **If possible, please administer ALL medications before or after the scheduled camp hours.**

I give medical consent to Excel Gymnastics, to administer prescription medications as prescribed by doctor and provided as described above to my child, if needed during camp hours.

Parent Signature

Date

Asthma/Inhaler

Does this camper require an inhaler for Asthma?	No / Yes
Will the camper carry a rescue inhaler?	No / Yes
Does this camper need assistance with the inhaler?	No / Yes

Other

Please let us know any other information that you feel would be useful for us to know about your child while at camp.

Diet/Nutrition

Excel Gymnastics requires that all campers bring their own food for lunches and/or snacks. We discourage the “trading” of any sharing or trading of food between campers due to food allergies. We also ask parents to try to pack foods that are nut-free in the instance that there may be some children with nut allergies attending camp. Also, please send children with ample amounts of water to camp as often times the children run out. We do have on site a Gatorade machine which sells water and Gatorade products if needed.

Thank you!!

Camp Rules:

- 1) Drop off and pick up are promptly at
9am – 12pm for Half Day Session 9am-
3pm for Full Day Sessions
* unless registered for early drop
off/late pick up
- 2) Excel Gymnastics is not responsible for
lost or stolen electronics, toys, phones
or other personal such items. We
request that children refrain from
brining any such items to camp if
possible.
- 3) Long hair should be tied back in pony
tail and girls should wear leotards
and/or form fitting t-shirt and shorts.
Boys should wear joggers or shorts and
t-shirt. No jewelry please.

**It is recommended to send extra
clothes in case of accidents after
crafts/snacks/lunch etc.



EXCEL GYMNASTICS

2314 US 9W, Saugerties NY 12477

excelgymnastics.info@gmail.com

(845)336-6706



Gymnastics Learning Fun, Games, Crafts!!!

Camp Session Information:

Please circle which session(s) Full or Half Day your child is interested in attending.....

Ages:** Children 3-4 year olds may only attend Half Day Sessions

5 years and older may attend Half or Full Day Sessions

*all children must be fully potty trained – Thank you for your understanding!

Week 1 (July 1st – July 5th) Full Day / Half Day

Week 4 (July 22nd – July 26th) Full Day / Half Day

Week 2 (July 8th – July 12th) Full Day / Half Day

Week 5 (July 29th – August 2nd) Full Day / Half Day

Week 3 (July 15th – July 19th) Full Day / Half Day

Week 6 (August 5th – August 9th) Full Day / Half Day

Week 7 (August 12th – August 16th) Full Day / Half Day

Camp themes for Summer will include Under the Sea, Outer Space, Super Heroes, Disney, Whacky Week, Movies Week & Holiday Week

Fees & Discounts: Half day 9:00am-12:00pm - \$150 first child, first session/\$135 each additional

Full day 9:00am-3:00pm - \$210 first child, first session/\$189 each additional

We will be offering early drop off/late pick up as well if needed.

15 min early/late fee - \$5 per child _____

30 min early/late fee - \$10 per child _____

\$75 deposit due upon registration, balance due before or on the first day of child's camp. Thank you!

Office Use Only: PD: _____ Date: _____ Check# _____ Other: _____

_____ Immunization Records Provided

Parent/Guardian Acknowledgment and Authorization for Camp Participation:

1. This health history is correct and accurately reflects the health status of this camper to whom it pertains. The person described has permission to participate in all camp activities except those noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment, for and order injections, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with camp staff. I give my permission to photocopy this form and provide any information to a treating physician. I understand that I must provide immunization records at least one week before the attendance of camp and provide detailed instructions with any medications that may need to be taken during camp hours should they be needed. All outstanding camp fees will be settled prior to the start of the first day of my child’s camp session.
2. I, further consent to the use by Excel Gymnastics, Inc. of any videotape, photograph, audiotape or any other visual or audio reproduction in which I or my child may appear, including social media productions. I understand that these materials are being used for promotion of Excel Gymnastics, Inc. Such promotional activities include, but are not limited to marketing, recruitment, publicity, and general information articles. I release, Excel Gymnastics, Inc., its respective coaches, instructors, employees, volunteers, other participants, sponsors, and advertisers from any liability connected with the use of my child’s picture, video or voice recording as part of any of the above or similar activities.
3. I, as parent and/or legal guardian of the above registered child(ren), understand the nature of the activities involved with gymnastics and his/her experience and capabilities and believe him/her to be qualified to participate in such activity. I fully understand that gymnastics involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child’s actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below. I further understand that there may be other risks either known or not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, costs and damages incurred as a result of my child’s participation in gymnastics.
4. I hereby release, discharge, covenant not to sue and AGREE to INDEMINIFY AND HAVE AND HOLD HARMLESS Excel Gymnastics, Inc., its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses or damages on the account of my child caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the gymnast, or anyone of the gymnast’s behalf make a claim against any of the above Releasees, I WILL INDEMINIFY, SAVE AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage or cost any Releasees may incur as the result of such claim.

Printed name of Parent/Guardian

Parent/Guardian Signature

Date