

REGISTRATION STARTS:

Feb. 26, 2018-For students currently enrolled in our program.

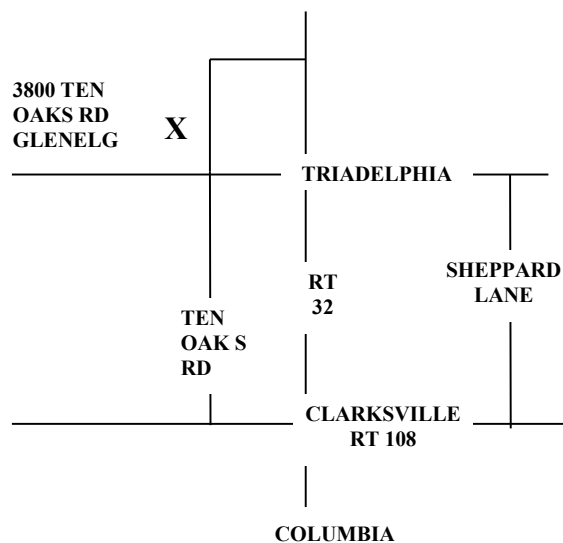
March 12, 2018-Open registration

How to register:

1. Complete student registration form, make sure to check which weeks, full or 1/2 day, and if extended care is needed.
2. Add total # of weeks your child will be attending, minus applicable discounts (on tuition only) plus any extended care that is needed.
3. A check for 50 % of the total amount is due at registration as your deposit. (deposits are non refundable after June 1, 2018)
4. Return registration form and deposit to Pomeroy Gymnastics, Inc. Remaining balance will be due at the beginning of the first day of camp.

We are an Air Conditioned facility

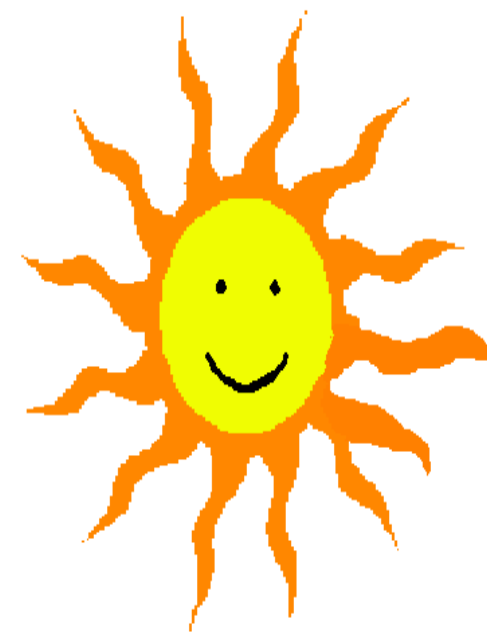
Directions to our facility



410-489-5705

**POMEROY GYMNASTICS, INC.
3800 TEN OAKS ROAD
GLENELG, MD 21737
410-489-5705**

SUMMER CAMP 2018



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GLENELG, MD 21737
410-489-5705
WWW.POMEROYGYM.COM**

POMEROY GYMNASTICS, INC. SUMMER CAMP 2018 REGISTRATION FORM

DAILY SCHEDULE

Minimum age is 3 yrs. and out of diapers

HALF-DAY (9am-1pm) \$210/week

From 9-Noon your child will enjoy non stop gymnastics fun. We work on age appropriate skills on the following gymnastics equipment: trampoline / foam pit, tumbling, bars, trapeze, balance beam, vault and so much more.

Lunch will be from Noon-1.
(Bring bag lunch-please label with child's name)

FULL-DAY (9am-3:30pm) \$290/week

Same as 1/2 day but with a mixed bag of activities.

- | | |
|------|--|
| Mon. | Crafts-sand art, magnets, picture frames, masks, etc. |
| Tue. | Games-board games, gym games parachute games, etc. |
| Wed. | T-shirt design-paints, stamps, markers stencils |
| Thu. | Water Play-sprinkler & water balloons |
| Fri. | Open gym-time for fun and explore skills taught during camp. |

Children will be divided into age-appropriate groups and work on age-appropriate skills. Student-Teacher ratio: 8 to 1

EXTENDED CARE

- Before care (8am-9am) \$50/week
After care (3:30pm-5:30pm) \$95/week
Both morning & afternoon \$130/week

DISCOUNTS

You may receive a 5% discount from one of the following:

Multiple family: more than on child enrolled in same week of camp

Multiple weeks: enrolled in two or more weeks

DISCOUNTS DO NOT APPLY TO EXTENDED CARE

ATTIRE

- Girls: Leotards, shorts and t-shirt, sweats, or warm-ups. Long hair should be tied in a pony tail.
Boys: Shorts and t-shirts, sweats, or warm-ups.
No jeans, baggy clothes, or jewelry.
No clothing with snaps, buckles, or zippers.

For more information, call the Office at

410-489-5705

OR ON LINE

WWW.POMEROYGYM.COM

Student's Name _____ Gender _____ Age _____ Date of Birth ____/____/____

Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Home Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____

Emergency Contact Parent/guardian _____ - _____ - _____

Secondary Emergency Contact And Relationship _____ - _____ - _____

Are there any medical conditions to which we should be alerted? _____

WK	DATES	AM CARE	PM CARE	BOTH	½ DAY	FULL DAY
1	CLOSED	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$000.00	<input type="checkbox"/> \$000.00
2	CLOSED	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$000.00	<input type="checkbox"/> \$000.00
3	CLOSED	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$000.00	<input type="checkbox"/> \$000.00
4	July 9-July 13	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00
5	July 16-July 20	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00
6	July 23-July 27	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00
7	CLOSED	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$00.00	<input type="checkbox"/> \$000.00	<input type="checkbox"/> \$000.00
8	Aug. 6-Aug. 10	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00
9	Aug. 13-Aug. 17	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00
10	Aug. 20-Aug. 24	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00
11	Aug. 27-Aug. 31	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00

OF WKS x TUITION _____ x _____

5% DISCOUNT _____ - _____

SUB TOTAL _____

OF WKS AM CARE _____ x _____

OF WKS PM CARE _____ x _____

OF WKS BOTH _____ x _____

TOTAL \$ _____

Deposit of 50% of tuition is due at registration. No refunds or credits will be given after June 1, 2018. Balance of tuition is due on the Monday of the scheduled week.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to aforementioned person participating in Pomeroy Gymnastics, Inc.'s programs. I recognize the potential for injuries, which may occur in any activity involving height or motion. I understand that it is the express interest of Pomeroy Gymnastics, Inc., to provide for the safety and protection of my child and, inconsideration for allowing my child to use these facilities; I hereby forever release Pomeroy Gymnastics, Inc., and employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses that may be incurred by my child as a result of any injury sustained while training at or performing for Pomeroy Gymnastics, Inc. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date