



# CNY Gym Centre's School Vacation Camps

## Camper Information

Last Name		First Name		Grade	
Home Address				Birthday	
City		State	Zip	Home Phone	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Current CNY Student? Yes <input type="checkbox"/> No <input type="checkbox"/>		T-shirt Size	
Indicate any Medical Conditions or special needs:			Indicate any Allergies:		

Please circle each date you are registering your child for. Full payment must be paid for each date circled. Spaces are limited so make sure to submit applications at least one week prior to the start of camp to ensure a spot in our vacation camps.

\* **Bricks 4 Kids Combo Camp (Shoppingtown only)**- campers doing the combo camp must register through Bricks 4 Kidz. Please circle which half of the day you will be doing at CNY and indicate that you are doing Bricks 4 Kidz.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>February Vacation Camp</b> Feb. 15-19, 2016	2/15/2016 AM Half Day (9-12)	2/16/2016 AM Half Day (9-12)	2/17/2016 AM Half Day (9-12)	2/18/2016 AM Half Day (9-12)	2/19/2016 AM Half Day (9-12)
	2/15/2016 PM Half Day (1-4)	2/16/2016 PM Half Day (1-4)	2/17/2016 PM Half Day (1-4)	2/18/2016 PM Half Day (1-4)	2/19/2016 PM Half Day (1-4)
	2/15/2016 Full Day (9-4)	2/16/2016 Full Day (9-4)	2/17/2016 Full Day (9-4)	2/18/2016 Full Day (9-4)	2/19/2016 Full Day (9-4)
<b>Spring Vacation Camp</b> April 25-29, 2016	4/25/2016 AM Half Day (9-12)	4/26/2016 AM Half Day (9-12)	4/27/2016 AM Half Day (9-12)	4/28/2016 AM Half Day (9-12)	4/29/2016 AM Half Day (9-12)
	4/25/2016 PM Half Day (1-4)	4/26/2016 PM Half Day (1-4)	4/27/2016 PM Half Day (1-4)	4/28/2016 PM Half Day (1-4)	4/29/2016 PM Half Day (1-4)
	4/25/2016 Full Day (9-4)	4/26/2016 Full Day (9-4)	4/27/2016 Full Day (9-4)	4/28/2016 Full Day (9-4)	4/29/2016 Full Day (9-4)

**Fees:** Half Day # of days attending: \_\_\_\_\_ x \$30 \$ \_\_\_\_\_ Total  
 Full Day # of days attending: \_\_\_\_\_ x \$45 \$ \_\_\_\_\_ Total

**\*\*please note that camps are subject to cancelation if enrollment is too low.\*\***

Official Use Only	
Amount paid:	_____
Date paid:	_____
Medical form on file	<input type="checkbox"/>

### Parent/Guardian Information (1)

Please note the people listed as parent/guardian are the only one's authorized to make changes to this application, including adding and removing authorized pick-up name.

Last Name		First Name	
Home Address (if different from child)			Home Phone
City	State	Zip	Cell Phone
Employer	Work Phone		Email

### Parent/Guardian Information (2)

Please note the people listed as parent/guardian are the only one's authorized to make changes to this application, including adding and removing authorized pick-up name.

Last Name		First Name	
Home Address (if different from child)			Home Phone
City	State	Zip	Cell Phone
Employer	Work Phone		Email

Are there any court orders relating to the child's custody or release? Yes ( ) No ( ) If yes, please provide a copy of the court order.

### How did you hear about us?

From a friend/Current Member

Mall advertisements

Internet

TV Commercial

Social Media

Other (please Specify below)

### Authorized Pick-Up

*The people listed below are authorized to pick up your child at the end of the camp day or in the case of an emergency if the parents/guardians are unable to do so. State issued identification is required in order for CNY Gym Centre to release a child to any adult listed. A legal guardian must come in to CNY in order to make changes to the list. No changes will be made over the phone, via email or fax.*

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

### Permission to Use Photographs

I hereby give CNY Gym Centre, and it's employees or agents, permission to take, copyright, use and publish photographs of or concerning me (and/or my children or wards, if under the age of 18) for the purpose of the business, including without limitation, the preparation of promotional materials for CNY Gym Centre, including materials prepared for the purpose of fundraising.

Photos Permitted       No Photos Permitted

**X** \_\_\_\_\_  
 Parent/ Guardian Signature Date

### Class and/or Day Camp Authorization

Having been informed of the activities to be conducted by CNY Gym Centre in the program(s) in which I am enrolling the named Participant(s), including but not limited to balance beam, parallel and uneven parallel bars, rings, vaulting, trampoline, tumbling, water games and field trips, I, parent or guardian of the participant, give my approval for this (these) party's (parties) participation in any and all activities of the program. I am aware that any athletic activity involving height and motion, such as gymnastics, exercise, water sports, dance, and similar athletic programs involves a risk of accidental injury, despite all safety precautions. I have informed CNY Gym Centre of all limitations on the activities in which my participant is permitted to engage as well as any physical or medical problems involving my participant. I assume all risks and hazards incidental to the program, including transportation to and from these activities. I further release from responsibility and agree to indemnify and hold harmless CNY Gym Centre, its owners, coaches, and employees from any illness or injury of the party(ies) occurred during the program CNY Gym Centre reserves the right to limit any child to skills that can be safely performed according to his/her body weight, strength, and level of experience. CNY Gym Centre reserves the right to remove from class(es) or day camp any student whose conduct or actions are dangerous to himself or others involved in the program.

I understand that:

- Payment in full is due at the time of registration for all dates registered.
- There will be no refunds for campers who are dismissed early due to bad behavior.
- CNY Gym Centre reserves the right to cancel camp sessions due to low enrollment.

I have read and understand all of the above (    ) YES

**X** \_\_\_\_\_  
 Parent/ Guardian Signature Date

### Official Use Only

Date	Payment description	Payment (amount and method)	Staff Initials