



Full Day Summer Camp 2020 Registration - 8:30 AM to 4:30 PM

*** Children must be 5 yrs old or older on the day of enrollment to participate***

*** Parents provide a **nut-free** lunch and afternoon snack ***

Thursday/ Friday's marked with a star will feature a show at the end of the day!

****SPOTS FOR ECO-ADVENTURES DAYS ARE LIMITED AND FIRST COME FIRST SERVE. PERMISSION SLIP REQUIRED****

Child 1: _____ Date of Birth: _____

Child 2: _____ Date of Birth: _____

Parent's Name: _____ Phone Number: _____

Email: _____

Week Of	Theme	Monday	Tuesday	Wednesday	Thursday	Friday
June 22nd	Thrive's Got Talent					*
June 29th	Superhero					
July 6th	NO FULL DAY CAMP					
July 13th	Cheer-Nastics!					*
July 20th	Disney					
July 27th	Go Team Thrive!					
August 3rd	NO FULL DAY CAMP					
August 10th	Cheer-Nastics!					*
August 17th	Animal Planet	Eco-Adventures Arnold	Eco-Adventures Annapolis	Eco-Adventures Arnold		Eco-Adventures Annapolis
August 24th	Ninja Zone				*	

Pricing:

Number of Single Days: _____ * \$75 = _____ or

Number of Full Weeks: _____ * \$350 = _____ or

Number of FOUR DAY Full Weeks: _____ * \$280 = _____

Find your discount:

Sibling Discount: 10% off the total due for the second and third child.

Multiple Week Discount: 5% off the total for three or more weeks.

Military Discount: 10% off the total due.

*****Only ONE discount per family (Military may be combined with another discount)*****

Total Due: _____ Deposit Due: _____

Payment*: _____

A 50% non-refundable deposit is due at the time of registration, and a card must be given at the time of registration in order to reserve a spot. Please mail Payment with registration form to Thrive Gym 2305 Katcef Ave Annapolis, MD 21401. **Any camp registrations after May 1st must be done over the phone or in person and may not be mailed in.** The remaining balance leftover after the initial deposit is paid is due on June 19th. Spot reservations are not finalized until a card has been placed on file, this can be done in person or over the phone at 410-995-8130.

I understand that once registered, I am responsible for the remaining balance due and that balance must be paid by June 19th. **I understand that my camp deposit is non-refundable.** I also understand that if my child's camp day needs to change, I may call Thrive Gym prior to the camp date and reschedule for another day or week with no penalty, **as long as space is available.** I understand no refunds will be given for days not attended.

Parent/Guardian Signature

Date

CONTACT AND EMERGENCY INFORMATION FORM 2020 - 2021

	M / F		M / F
Child's Name	Sex	2nd Child Name	Sex
1st Child Date of Birth		2nd Child Date of Birth	
1st Child Month and Year of Last Physical		2nd Child's Month and Year of Last Physical	
1st Child's School Attending/Grade		2nd Child School Attending/Grade	
1st Child Allergies/Medical Considerations/Notes *Mark N/A if none		2nd Child Allergies/Medical Considerations/Notes *Mark N/A if none	

Parent/Guardian Information

Parent/Guardian First/Last Name	2nd Parent/Guardian First/Last Name
Phone # (please indicate cell, home etc)	Phone # (please indicate cell, home etc)
Address City, ST, Zip Code	Address City, ST, Zip Code
Parent Guardian Email Address	Parent Guardian Email Address

Alternative Emergency Contact- We always try to reach parents/guardians first in the event of an emergency. Please indicate a list in this section of anyone who is allowed to pick up your child from class.

	Phone#	Na
me		Relationship
		Na
me	Phone#	Relationship

Acknowledgement of Risk and Waiver of Liability and Permission to Treat I hereby give permission for my child/children to participate in classes/events conducted by Thrive Gym LLC. I understand that it is my responsibility to carry my own accident and medical insurance. In the event of an injury, accident or illness, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted. The enrolled child/children is/are capable of participating in gymnastics, ninja, dance and other programs and have had a physical within the last (12) twelve months. Any activity involving motion, jumping, flipping, rolling, running etc... involves the possibility of serious, permanent or fatal injury. I understand the risks of participating in gymnastics, ninja, dance and other programs we offer and therefore, in consideration for allowing my child/children to use Thrive Gym LLC. equipment and facilities, I hereby forever release Thrive Gym LLC., it's owners, officers, employees, teachers and coaches from all liability for any and all damage, illnesses and injuries suffered by my child/children while under the instruction, supervision or control of Thrive Gym LLC, it's owners, officers, employees, teachers, and coaches. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Date Printed Name of Parent or Legal Guardian Signature of Parent/ Legal Guardian

_____(Parent/Guardian initial that I comply) **Photo Consent:** I understand that Thrive Gym LLC occasionally takes photos of students for advertising, promotional, media or social media purposes. These photos are never used in conjunction with names or personal identifiers. I agree that my child's photo can be used by Thrive Gym LLC in this capacity.

_____(Parent/Guardian initial that I comply) **COVID 19 / Infectious Disease or Illnesses:** We follow the guidelines put in place by the CDC and local health departments in regards to all viruses and infectious diseases including but not limited to COVID-19. We require that ALL staff, volunteers, families, guests, and visitors maintain physical distancing and sanitization requirements and comply with any health and safety policies implemented by Thrive Gym LLC. By acknowledging that you comply with the guidelines above, failure to do so may result in your removal from the premises.

_____(Parent/Guardian initial that I comply) **Video Release:** Our facility whereby webcams are in use and streaming video is captured of myself, other employees and the children enrolled at the facility at all times. I Understand that I'm under constant streaming video surveillance that is accessible from the web in accordance with the terms and conditions associated with theSpot TVwebsite (also referred to herein as "Spot TV"). I hereby consent to the photographing of myself and children. I understand that the term"photograph" as used herein encompasses both still photographs and motion picture footage.

THRIVE GYM CAMP PAYMENT POLICY FORM

A 50% non-refundable deposit is due at the time of registration. ***A credit or debit card on file is required to register for camps.*** For your protection, once entered, your credit card number is not visible to anyone. ***Any remaining camp balances will automatically be charged to the credit card on file on the 19th of June. If you do not want your card on file charged you can pay by cash, check, debit, or credit before the 19th.*** If payment is not paid by June 22nd, your child will be unenrolled from camp and children on the waiting list will be called. Any camp days booked after June 19th must be paid in full.

In the event that you need to cancel a camp day, due to illness or injury, Thrive Gym must receive a call prior to the day of camp. Thrive Gym will attempt to reschedule your camp day. In the event the camp day can not be rescheduled, Thrive Gym will credit your account for the missed tuition. ***No credits or make ups will be given for camp days that are not canceled prior to the day of camp. Contact us with questions at: Arnold # 410-709-8130 or Annapolis #410-995-8130 or www.thrivegym.org.***

1. All returned checks will carry a fee of \$35.00. Once an insufficient fee check is returned, all tuition must be paid by cash or debit/credit card moving forward.
2. Thrive Gym LLC does not offer refunds for any reason.

Payment Authorization

Please complete the information below:

I authorize Thrive Gym LLC to charge my credit card
(full name)

Indicated below for on the 19th of June for payment of .
(amount) (Child/ren names)

Billing Address Phone #
City, State, Zip Email
Last 4 Digits on Card

I understand and agree to the payment policies at Thrive Gym LLC. I understand this authorization will remain in effect until I cancel it in writing, and I agree to notify Thrive Gym LLC in writing of any changes in my account information or termination of this authorization at least 10 days prior to the billing date. I certify that I am an authorized user of this credit/ debit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature Date