



Half Day Summer Camp 2020 Registration - 9:00 AM to 12:30 PM ARNOLD

***** Children must be 3 yrs. old or older on the day of enrollment to participate*****

***** Parents provide a nut-free snack/lunch *****

****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
July 27th	Go Team Thrive!					
August 3rd	Disney					
August 10th	Cheer-Nastics!					
August 17th	Animal Planet	Eco-Adventures Arnold	Eco-Adventures Annapolis	Eco-Adventures Arnold		Eco-Adventures Annapolis
August 24th	Ninja Zone					
August 31st	Under the Sea					

Pricing:

Number of Single Days: _____ * \$45 = _____ or

Number of Full Weeks: _____ * \$205 = _____ or

Number of Full FOUR DAY Weeks: _____ * \$164 = _____

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 credit or debit card on file is required to register for camps. A non-refundable deposit is due at the time of registration.

Due to the COVID-19 pandemic, Thrive Gym will be requiring a \$50 flat fee deposit to reserve a spot on our camps.

Thrive Gym reserves the right to begin requiring a 50% non-refundable deposit again at the time of registration when we see fit; if this change were to be implemented, families wishing to enroll would be notified appropriately. For your protection, once entered, your credit card number is not visible to anyone. **Due to the COVID-19 pandemic, camp balances will be charged incrementally, the Friday before each new week of camp.** Thrive Gym reserves the right to begin charging camp balances in full after the first week of camp when we see fit; if this change were to be implemented, enrolled families would be notified appropriately.

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.***

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#	Relationship
me		
me		

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 credit or debit card on file is required to register for camps. A non-refundable deposit is due at the time of registration. **Due to the COVID-19 pandemic, Thrive Gym will be requiring a \$50 flat fee deposit to reserve a spot on our camps.** Thrive Gym reserves the right to begin requiring a 50% non-refundable deposit again at the time of registration when we see fit; if this change were to be implemented, families wishing to enroll would be notified appropriately. For your protection, once entered, your credit card number is not visible to anyone. **Due to the COVID-19 pandemic, camp balances will be charged incrementally, the Friday before each new week of camp.** Thrive Gym reserves the right to begin charging camp balances in full after the first week of camp when we see fit; if this change were to be implemented, enrolled families would be notified appropriately.

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Payment Authorization

Please complete the information below:

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

Indicated below for 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