

North Florida Gymnastics Recreational Summer Camp 2009

4261 Eldridge Loop, Orange Park, FL 32073

(904) 278-8587 fax: (904) 278-8576

www.nflgymnastics.com

Your child can enjoy a summer of fun-filled activities in our new facility located next to the Cracker Barrel in Orange Park. The children will stay very busy learning gymnastics skills. They will improve their physical well being through strength and flexibility exercises and relay races. We will incorporate art projects in our weekly schedule. We will include some relaxation time where the children will play board games, puzzles, and an occasional movie. Full day camp and half day camp is offered for children **4 years and older**. Full day is from 9 am to 3 pm. Half day is from 9 am to 12 pm or 12 pm to 3 pm. Parents must send a lunch for full day campers and those that arrive at 12 pm for half day camp. We will provide a morning snack. We will offer an extended care rate for those that need us as early as 7:30 am or as late as 5:00 pm. **Pre-registration and pre-payment is required** on all camps. There will be no refunds for cancellation. Drop-ins are allowed based on space availability. Please call between the hours of 7:30 – 8:30 am to check on availability prior to arrival for drop-ins.

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| Week 1: | June 8 – 12 | Week 6: | July 13 – July 17 |
| Week 2: | June 15 – June 19 | Week 7: | July 20 – July 24 |
| Week 3: | June 22 – June 26 | Week 8: | July 27 – July 31 |
| Week 4: | June 29 – July 3 | Week 9: | Aug 3 – Aug 7 |
| Week 5: | July 6– July 10 | Week 10: | Aug 10 – Aug 14 |
| | | Week 11: | Aug 17 – Aug 21 |

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| 5 – Full Days: | \$135 week | 5 - Full Days w/x-care: | \$155 week |
| 3 – Full Days: | \$100 | 3 – Full Days w/x-care: | \$115 |
| 3 – Half Days: | \$65 | 5 – Half Days: | \$100 week |

Per Day Rate: Full Day: \$35 Full **w/x-care** \$40 Half Day: \$25

Paying the extended care rate allows you to drop off as early as 7:30 am and pick up as late as 5:00 pm on any given day. We will offer a **25% sibling discount** for any additional siblings.

Name: _____ Birthdate _____ Age: _____ Ph# _____

Address: _____ City _____ Zip _____

Parents: _____ Emergency Phone # : _____

Week Requested: _____ Days / Time _____ X- Care Hrs. Needed _____

Amount Paid: _____ Cash _____ Check # _____ Credit Card Pmt. _____

By permitting my child to participate in North Florida Gymnastics programs, I the undersigned understand and acknowledge the fact that the participation in gymnastics and cheerleading involves a certain degree of risk, and I hereby release North Florida Gymnastics, it's owners, and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of North Florida Gymnastics in or upon the premises of North Florida Gymnastics. I hereby certify that I have read and understand the above.

Parent Signature _____ Date _____

*** See back of form for more information