

Gymnasts in Motion Summer Adventure Camp

Jennifer Leininger 12039 Douglas Road Mishawaka, IN 46545

Contact: 574-340-9454 — jleininger5@gmail.com

Welcome to Gymnasts In Motion! **2022 Summer Camp Dates: August 9th, 10th, 11th**
Camp Times: 8:30am – 4:00pm Please provide your information below. All enrollments are considered PENDING until we confirm camp availability for your requested dates.
***Campers-Children Ages 4-10 (all campers must be independent in restroom usage)**

FAMILY INFORMATION- Registration

Parents/Legal Guardians Names:

Mother: _____ Cell# _____

Father: _____ Cell# _____

Address: _____

Primary Phone: _____ Email: _____

1st Child's Name _____

Birth Date _____

Any Allergies: _____

Any Medications: _____

Health Concerns: _____

Health Insurance Card/Policy Number/ Member Name: _____

(Health Insurance: paper copy of card Required on file)

2nd Child's Name _____

Birth Date _____

Any Allergies: _____

Any Medications: _____

Health Concerns: _____

Health Insurance Card/Policy Number/ Member Name: _____

(Health Insurance: paper copy of card Required on file)

IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIAN)

Emergency Contact #1

Name: _____

Cell: _____

Work: _____

Email: _____

Emergency Contact #2

Name: _____

Cell: _____

Work: _____

REGISTRATION FORMS: REQUIRED POLICIES AND AGREEMENTS- PARENT/LEGAL

GUARDIAN MUST INITIAL TO VALIDATE "I'VE READ THE ABOVE AND AGREE"

2022 Dates and Payment

Dates: August 9th, 10th, 11TH

Three Camp Days Location: 12039 Douglas Road Mishawaka, IN 46545

Camp Hours: 8:30am-4pm Fees: \$55 per child per day OR if sign up for ALL days then discount \$15 total. Camper's Reservation is not guaranteed availability until you receive confirmation email or text. Reserve your camp spot asap. Return your camp registration packet via email jleininger5@gmail.com or postal mail: Jennifer Leininger 12039 Douglas Rd Mishawaka, IN 46545.

Pay by Cash, Venmo @Jennifer-Leininger-4 or Check payable to Gymnasts In Motion.

____ I've read the above and agree.

Release of Liability

The undersigned, being duly aware of the risks and hazards inherent upon participation in the camps, classes, activities, and events being conducted by Gymnasts In Motion, acting for themselves and the student, hereby elect voluntarily to enter upon the said premises under the control of the said corporation, knowing the present condition. The undersigned, acting for themselves and the student, hereby voluntarily assume all risks of loss, damage, or injury that may be sustained by the student while in said premises described above.

____ I've read the above and agree.

Assumption of Risk

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics program. I further agree that Gymnasts In Motion, along with its employees, agents, officers, and directors, shall not be liable for any losses, expenses, or damages occurring as a result of participation in the program and/or activities or event except where such loss or damage is the result or the intentional or reckless conduct of one of the groups or individuals identified above.

____ I've read the above and agree.

Make-Up Policy & Tardy Policy

Students are eligible for one makeup per camp per summer if camp date available. Make-ups can only be scheduled in advance, no drop in's.

No make-up's can be carried over to the next summer camp or school year sessions. We do not pro-rate for missed camper days. Limited space for Camp, Makeup not guaranteed.

Attendance: Gymnasts In Motion will not pro-rate, refund or credit for missed days. If your child is unable to attend class/camp due to injury or illness, please contact Jennifer 574-340-9454. Make-ups must be scheduled within 24 hours of absence; if student does not attend camp then make-up class may not be available/rescheduled. We will do our best to accommodate a makeup if available the next day. This policy is for the safety of all children.

____ I've read the above and agree.

Drop Policy

If the time comes and you need to withdraw from camp, a 14-day notice in writing is required. Fees are due for the upcoming camp days/session dates previously scheduled if notice is not given 14 days prior. Notice may be given by email jleininger5@gmail.com or on written paper and delivered to Jennifer Leininger.

____ I've read the above and agree.

Medical Emergencies

In the event of any incident which may require immediate medical/dental or any other emergency attention/care in which the Legal Guardians cannot be notified in a reasonable time through reasonable means, the undersigned hereby authorizes Gymnasts In Motion, Jennifer Leininger, to take all necessary actions as it relates to immediate medical/training attention, transportation, and emergency medical services as warranted in the course of care of the undersigned student. The undersigned is aware that they will be responsible for all fees and expense as they may relate to this medical attention paragraph.

____ I've read the above and agree.

Marketing and Promotional Release

I also understand that there may be occasions that photos or videos are taken of the activities that my family members participate in and that these digital images are the sole property of Gymnasts In Motion. I agree to allow Gymnasts In Motion to use these digital images as they see fit for marketing and promotional purposes. I also understand that through my Gymnasts In Motion camp sessions. **PRIVACY NOTICE: It is the policy of Gymnasts In Motion to NOT sell or distribute members' information to any third party.**

____ I've read the above and agree.

Acknowledgment

This release shall be binding upon distributes, heirs, next of kin, executors, and administrators of the student and the undersigned. In signing this release, the undersigned hereby acknowledges:

- 1. That he or she read this release, understands it and signs it voluntary.**
- 2. That the undersigned signing as legal guardian is truly a legal guardian.**

____ I've read the above and agree.

***Consent/Release Covid 19 for Participating Gymnasts In Motion
Students/Campers/Classes/Childcare**

I wish to be able to participate in Jennifer Leininger's Gymnasts In Motion summer adventure camp. I represent that, to the best of my knowledge I do not have Covid 19 or any other communicable diseases. I understand that I am requesting to be apart of this program at this time when Covid 19 is rapid and that it can cause serious illness and death in some people. I acknowledge that despite the best efforts of Jennifer Leininger and Gymnasts In Motion, it is impossible to guarantee that Jennifer Leininger and any of the staff or family members and equipment are free from this virus. In exchange for providing services at this difficult time, I agree to release Jennifer Leininger and Gymnasts In Motion staff and family members from all legal liability if I should contract Covid 19 during my participation and in any time spent with this business/family/staff members. I also agree to indemnify them from all claims brought against them by any person arising out of my participation.

____ I've read the above and agree

I HAVE READ, ACKNOWLEDGE AND AGREE TO ALL CAMP POLICIES BY SIGNING BELOW.

Enter your Full Name (PRINT)

Signature of Parent or Legal Guardian:

DATE

Sunscreen & Bug Spray Permission Slip

Child's/(ren) Name _____

Sunscreen is strongly encouraged as the children will spend time outdoors. In order to cut down on application time, we ask that you apply sunscreen and bug spray to your child before arriving at Day Camp. Most products will be effective all morning. Staff would then reapply the sunscreen and bug spray before any afternoon outside activities. You must list the brand and strength of sunscreen and bug spray below!

Please see a Day Camp staff member if special arrangements need to be made. Parents must supply and clearly label all sunscreen and bug spray products.

_____ I will apply sunscreen and bug spray in the morning and give permission for Day Camp staff members to apply it in the afternoon.

_____ I do not need sunscreen and bug spray applied to my child. I have made special arrangements with the Day Camp staff (please note the special instructions below).

Sunscreen Brand and Strength _____

Bug Spray Brand and Strength _____

Special
Instructions: _____

Parent Signature _____ Date _____

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Permission Slip- Gymnastics Bus

The Gymnastics Bus is hosting Summer Adventure Camp. Camp will feature outdoor adventures full of gymnastics, sports, skill building activities, water play and games. Each child will have access to different gymnastic equipment and training apparatus. All gymnasts are taught age appropriate gymnastic skills and progression levels. Camp provides gymnastics mixed with Total Summer Fun Adventures!

Child's Name _____

Assumption of Risk, Waiver of Liability, and Medical Authorization

As Legal guardian of _____, hereafter, child(ren) I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading, and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Gymnasts In Motion's programs and activities and I ACCET ALL RISKS associated with that participation including all risks for exposure to or transmission of Covid-19. In consideration for allowing me and my child to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gymnasts In Motion, its officers, directors, shareholders, employees, or agents. In the event of an emergency, I would like my above mentioned child(ren) to be taken to a hospital for any medical treatment and I hold Gymnasts In Motion and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at Gymnasts In Motion. By participating in activities here at Gymnasts In Motion, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped, and/or photographed by any means and are granting full use of your likeness, voice, and words without compensation. **I have read and understood this assumption of risk, waiver of liability and medical authorization. I voluntarily affix my name in agreement.**

I, the parent or legal guardian, do hereby consent to my child(ren) _____ participating in Gymnasts In Motion.

I (we) acknowledge that I (we) have been informed of the risks of gymnastics.

Parent or Guardian Signature

Date

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Summer Adventure Camp is hosted on several acres full of outdoor green space providing physical and educational activities, games, and fun gymnastics bus adventures! Located at Gymnasts in Motion owner's homestead: Mrs. Jennifer Leininger 12039 Douglas Road Mishawaka, IN 574-340-9454 -- jleininger5@gmail.com-- www.gymnastsinmotion.net

*Gymnasts In Motion would like your child to be prepared when they come to camp. Adequate apparel and safety standards will be followed to help prevent injury or illness.

What to wear Summer Adventure Camp? Children should wear comfortable clothing with no buckles, buttons, or zippers. It is best for girls to wear shorts, leggings, tanks or t-shirts. Leotards are fine under clothing. Boys may wear shorts or stretch pants with a t-shirt. Please avoid anything that is stiff and not jeans. Please always have an extra outfit, sweatshirt, and bathing suit/towel. Tennis shoes and socks daily. Sunscreen Children before you come to camp. We will reapply as needed. NO jewelry should be worn while doing gymnastics. This includes necklaces, bracelets, friendship bracelets, and any kind of dangling earring. Absolutely no rings. Any girls with earrings that dangle will be asked to remove them for safety reasons.

Hair that is long should be pulled back to the crown of the head.

Lunches: Each camper should bring their own lunch in a bag or lunch box with their name labeled clearly on the front. We are asking everyone to please do not bring items made with nuts and we ask that children not share food with one another. Please include a drink with lunch or can use their water bottle.

Snacks: The camp will include a morning and afternoon snack for campers. *Please let us know of any allergies that we need to be aware of while your child is attending camp.

Paperwork: Each camper's parent/legal guardian must sign ALL Release Forms and Return Payment as soon as possible for reservation. *Paperwork and Payment may be sent either:

Payments: Cash, Venmo, or Check

Email: jleininger5@gmail.com OR **Postal Mail:**
Jennifer Leininger 12039 Douglas Road Mishawaka, IN 46545

Venmo@ Jennifer-Leiniger-4

Example of a Daily Schedule:

8:30- 9:00 am: Welcome-Circle Time

9:00- 9:30 am: Warmups/Music/Games

9:30-10:00 am: Tumbling (Indoor Mats)

10:00-10:30 am: Morning Snack/ Gymnastics Q/A

10:30-11:00 am: Flexibility Skills/Music

11:00-11:45 am: Gym Bus Time

11:45-12:30 pm: Lunch/Reading/Rest/Olympic Videos

***Please bring your own sack lunch with drink**

12:30-1:30 pm: Hike/Water Play

1:30-2:00 pm: Ninja Obstacles/Games/Water Play

2:00-2:30 pm: Craft Time/Free Choice

2:30-3:00 pm: Gym Bus Time

3:00-3:30 pm: Afternoon Snack

3:30-3:55 pm: Stretch/Gym Bus/Obstacle Course

4:00 pm: Dismissal

Required Daily: Packed Lunch, Water Bottle, Tennis Shoes, Extra Outfit, Beach Towel, Bathing Suit, Sunscreen, Bug spray

Camp Dog and Cat will be present, please list if have an allergy.

We will be outside most of day as weather permitting... Summer Adventure Camp!

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