



2018 DATES:

Week 1	June 6 – June 8	Week 7	July 9 – July 13
Week 2	June 11 – June 15	Week 8	July 16– July 20
Week 3	June 18 – June 22	Week 9	July 23 – July 27
Week 4	June 25 – June 29	Week 10	July 30 – August 3
Week 5	July 2 – July 6	Week 11	August 6 – August 10
Week 6	July 9 – July 13	Week 12	August 13-August 17

SAMPLE SCHEDULE

7:30 - 9:00	-	Drop Off/Fun Gym on Equipment
9:00 - 10:00	-	Organized Games on Blue Mat
10:00 - 10:20	-	Snack
10:20 - 11:00	-	Choice of Movie/Arts & Crafts
11:00 - 12:00	-	Organized Games on Blue Mat
12:00 - 12:30	-	Lunch
12:30 - 1:00	-	Choice of Movie/Reading
1:00 - 2:00	-	Gymnastics/Fun Gym
2:00 - 3:00	-	Arts & Crafts
3:00 - 3:30	-	Snack/Clean up Camp Toys
3:30 - 4:00	-	Fun Gym on Equipment
1:30 - 4:00	-	Field Trip Fridays Only (Weeks 2-10)
4:30 - 6:00	-	Pick-up

REGISTRATION AND FEES

Field Trips Included in Full Weekly Price

CAMP REGISTRATION FEE: \$30 per child. This fee is non-refundable

FULL DAY RATES (7:30-6:00): \$100/week, \$30/day (Siblings \$90/week, \$25/day)

HALF DAY RATES (7:30-1:30): \$85/week, \$25/day (Siblings: \$75/week, \$20/day)

COMPETITIVE/PRE TEAM RATES: \$75/week, \$20/day

****Please pick your child up by 6:00.** There will be a late pick up fee of \$1/minute past 6:00**
(Late pick up fee applies for half-day students that are not picked up by 1:30)

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT MICHELE VERNON

Text: 843-504-8174 or call the GYM at 839-FLIP (3547)



1310 17th Avenue South, Suite A4
Myrtle Beach, South Carolina 29577
Phone: 843-839-FLIP (3547)

Email: ultimategymnasticsacademy@gmail.com

*****IMPORTANT REMINDERS*****

CAMP IS OPEN FROM 7:30-6:00 there will be a late fee if you pick up after 6:00
HALF-DAY CAMP IS FROM 7:30-1:30 there will be a late fee if you pick up after 1:30

**PAYMENT IS ACCEPTED ON FRIDAY MORNING FOR THE UPCOMING WEEK OF CAMP
OTHERWISE PAYMENT IS DUE UPON ARRIVAL ON MONDAY MORNING**

In order to provide appropriate staffing, snacks & arts and craft supplies...
NO REFUNDS ARE GIVEN IN THE EVENT OF ABSENCE

Parents are responsible for signing their children in and out of summer camp
The sign in sheet serves as our attendance record
If someone other than a parent is picking up please provide staff with a note at drop off
with the name of the person picking up. We will require them to provide ID at pick up.
This is to ensure a safe environment for all of the children!

FIELD TRIPS will be on FRIDAYS from 1:30-4:30 weeks 2-10
Information about the upcoming field trip will be at the front desk by the Friday before the trip.
UGA staff will add your child to the field trip sign-up sheet
This will enable us to have enough drivers and chaperones for the trip.
If your child will not be attending the field trip they must be picked up from the gym by 1:00!
Parents are welcome to attend any field trip. Please let the staff know if you are interested!

BRING A LUNCH BOX WITH A COLD PACK IN IT
Please include a drink in with your lunch. Please send food that does not require heating.
PLEASE NOTE ANY FOOD ALLERGIES ON YOUR REGISTRATION FORMS!

MORNING and AFTERNOON SNACKS ARE SUPPLIED BY CAMP

**We do not have a water fountain at the gym. You may use the sinks for tap water if you like.
If not we do sell water.**

GIRLS MUST WEAR THEIR HAIR UP IN A PONYTAIL FOR SAFETY

NO JEWELRY OF ANY KIND FOR SAFETY

WEAR GYM CLOTHES EVERY DAY (NO JEANS, BUTTONS, ZIPPERS)

UGA staff uses positive discipline techniques to provide conflict resolution.
Our goal is to provide a safe, fun & positive environment for all the children ☺
Parents will be notified if campers have any conflicts during their day



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Ultimate Gymnastics Academy
Summer Camp Registration Form
(One *form per child, please*)

STUDENT INFORMATION

First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip _____
Home Telephone _____ Cell Telephone _____
Grade Entering in September _____ Birth Date _____ Sex _____

PARENTAL INFORMATION

First Name _____ Last Name _____
Relationship to Student _____ Married / Divorced / Separated /Single
Employer's Name _____
Employer's Address _____
City _____ Daytime Telephone _____

First Name _____ Last Name _____
Relationship to Student _____ Married / Divorced / Separated /Single
Employer's Name _____
Employer's Address _____
City _____ Daytime Telephone _____

IN CASE OF EMERGENCY PLEASE CONTACT

First Name _____ Last Name _____
Address _____
City _____ State _____ Telephone _____
Relationship to Student _____ Married / Divorced / Separated /Single

MEDICAL INFORMATION

PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

Child's Name: _____

The undersigned, _____ who is one of the parents, or legal guardian of the above named child, a minor, who resides at address listed on same, herein authorizes the adult employee of the Ultimate Gymnastics Academy Summer Camp, or any reasonable adult person bearing this written authorization into whose said care the above mentioned minor has been entrusted to administer general medical treatment for any minor injuries that may occur while attending the UGA Summer Camp Program. This authorization shall remain effective until the completion of all Summer Camp activities have been terminated or said child has quit the program. Notification of resignation must be put in writing, delivered to and accepted by the administration of aforesaid Ultimate Gymnastics Academy Summer Day Camp.

Parent Signature: _____

Participant Agreement, Release, & Acknowledgement of Risk Waiver Form:

ULTIMATE GYMNASTICS ACADEMY, LLC. Is not responsible for any injury (or loss of property) to any person while practicing, taking class, competing, participating in open gym, fun gym, birthday parties, or in any other way involved in gymnastics, summer camp, afterschool camp, or cheerleading, or preschool classes or teams at UGA. For any reason whatsoever, including ordinary negligence on the part of Ultimate Gymnastics Academy LLC, its owners, officers, directors, agents, or employees. I hereby give my consent to Ultimate Gymnastics Academy, LLC, or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation. By the very nature of the activity, gymnastics, and cheerleading all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, how many mats are provided, and how many times the skill may have been performed perfectly, the risk cannot be eliminated. 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 gymnastics activities and events. **I UNDERSTAND AND ACCEPT THAT RISK.**

Printed Name of Parent/Guardian or participant _____

Signature of Parent/Guardian or participant (if over 18): _____

FOR OFFICE USE ONLY:

Camp: Half day/ Full Day : _____

Week Starting: _____

Reg Fee Paid: _____ Staff: _____