



2021 DATES:

Week 1      June 21 – June 25  
 Week 2      June 28 – July 2  
 Week 3      July 5 – July 9  
 Week 4      July 12 – July 16  
 Week 5      July 19 – July 23

Week 6      July 26 – July 30  
 Week 7      August 2– August 6  
 Week 8      August 9 – August 13

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 - 12:30 - Organized Games on Blue Mat  
 12:30 - 1:00 - Lunch  
 1:00 - 1:30 - Mr. Softee or Kona Ice(Wednesday's)  
 1:30 - 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**  
 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): \$110/week, \$30/day (Siblings \$100/week, \$25/day)

HALF DAY RATES (7:30-1:30): \$95/week, \$25/day (Siblings: \$85/week, \$20/day)

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

**IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT MICHELE VERNON**

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



131017th Avenue South, Suite A4  
Myrtle Beach, South Carolina 29577  
Phone: 843-839-FLIP (3547)

Email: [ultimategymnasticsacademy@gmail.com](mailto:ultimategymnasticsacademy@gmail.com)

### **\*\*\*IMPORTANT REMINDERS\*\*\***

**\*\*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)

**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 J  
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.

### List Any Known Allergies:

\_\_\_\_\_

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: \_\_\_\_\_

