

Sign up Online!

No School!

Day Camp

Limited Space Available

SILVER SPRING NO SCHOOL DAY CAMP 2019-2020

Fun-filled day camp when schools are closed.

Follows Montgomery County and DC School calendars.

Select Your Session: Full Day \$75 (8:30am-4:00pm) Half Day \$60 (8:30am-11:30am)
Extended Mornings (8-8:30am) ___ \$7/day Extended Afternoons (4-6pm) ___ \$22/day

Winter Break and Spring Break Camps require a separate registration form.

IMPORTANT: MARYLAND STATE LAW REQUIRES CAMPERS TO BE 3-1/2 YEARS OLD & POTTY TRAINED TO ATTEND.

Pre-order lunch: Pizza – \$3.50 for 1 slice & juice \$5.50 for 2 slices & juice

Student's Name	Age	DOB	Sex (m/f)	Date of last tetanus shot	Name of School (MD/other)
Student's Name	Age	DOB	Sex (m/f)	Date of last tetanus shot	Name of School (MD/other)
Student's Name	Age	DOB	Sex (m/f)	Date of last tetanus shot	Name of School (MD/other)
Home Address			Home Phone		
City			State		Zip
Primary Contact Name	Email	Cell #		Work #	
Secondary Contact Name	Email	Cell #		Work #	
Family Physician	Physician Phone	Emergency Contact Name	Phone		
Insurance Provider	Group #				
Does your child have any developmental or behavioral limitations, allergies, injuries or diagnosed illnesses?					
How did you find out about SSG? (Bethesda Magazine, Families Magazine, Washington Parent, Your Health, other)					

Parent's Signature & Liability Waiver must be signed before your child participates in any gym activities

Release agreement: I understand that any athletic activity is inherently dangerous. The above named student has had a medical examination within the last twelve months and is capable of participating in gymnastics. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize *Silver Spring Gymnastics & Fitness Club, Inc.* and *Silver Stars Gymnastics, Inc.* to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at *Silver Spring Gymnastics & Fitness Club, Inc.* and *Silver Stars Gymnastics, Inc.*

BY SIGNING THIS RELEASE, I UNDERSTAND THE POLICIES AND LIABILITIES THAT MAY OCCUR IN SPORTS ACTIVITIES. I UNDERSTAND THERE ARE NO REFUNDS OR CREDITS GIVEN.

Photograph Release: I agree to allow my child's likeness to be used on the website and in promotional materials for Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc.

Date _____ Signature (parent or guardian) _____

Camp Amount \$ _____

Visa/MasterCard/AMEX Number _____ Expiration Date _____

3 digit CIN (found on back of card) _____ Name of Card Holder _____

Signature of Card Holder _____

Payment Policies — Register on line to guarantee your child's spot in camp. You must pay in full at the time you register. We have a strict NO REFUND policy and you may not transfer monies to classes. You may change weeks of camp if space is available, however, there is a \$50 change fee per week. Remember, a camp week is only guaranteed when registration and payment is made. You are paying for your child's spot in camp, not his/her attendance.

I, _____
 authorize Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc.
 to charge the amount above to my credit card. I understand there are no refunds or credits.

Return to Silver Stars Gymnastics

2701 Pittman Drive, Silver Spring MD 20910
 301-589-0938 • Fax 301-589-1717

14201 Woodcliff Ct., Bowie, MD 20720
 301-352-5777 • Fax 301-352-8414

For Office Use Only

Date _____ Charged by _____

Amount _____ Entered/Date _____

Ref # _____ Initials _____