



Sign up online!

Summer Camp

Summer Camp 2021- Bowie

Select Your Session: Full Day (8:30am-4:30pm), Half Day AM (8:30-11:30am), Half Day PM (1:30-4:30pm)

Jun 14-18	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM	Jul 26-30	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM
Jun 21-25	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM	Aug 2-6	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM
Jun 28-Jul 2	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM	Aug 9-13	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM
Jul 5-9	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM	Aug 16-20	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM
Jul 12-16	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM	Aug 23-27	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM
Jul 19-23	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM	Aug 30-Sep 3	<input type="radio"/> Full Day	<input type="radio"/> Half Day AM	<input type="radio"/> Half Day PM

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

Full Day 8:30am-4:30pm	Half Day AM 8:30-11:30am	Extended Mornings (8-8:30am)
<input type="radio"/> \$345/week	<input type="radio"/> \$275/week	<input type="radio"/> \$29/week
	Half Day PM 1:30-4:30pm	Extended Afternoons (4:30-6pm)
	<input type="radio"/> \$275/week	<input type="radio"/> \$76/week

Student's Name	Age	DCB (mm/dd/yy)	Sex (m/f)	Last tetanus shot date (mm/yy)	Name of School (MD other)
Student's Name	Age	DCB (mm/dd/yy)	Sex (m/f)	Last tetanus shot date (mm/yy)	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

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.

I understand that while gymnastics and tumbling are individual sports, there will be times when incidental contact will occur. Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc. programs are operating distancing in a social and physical environment, but even in the best efforts and intentions there will be times the children will breach the prescribed (currently 6') distancing recommendations. In addition, our teaching and coaching staff will spot (physically assist) when circumstances require it. Spotting our athletes and students is often necessary in order to teach skills safely, to help athletes perform skills correctly, and to prevent injury. I understand and agree that spotting will be part of the learning process at Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc. and I agree to permit my child's teacher/coach to physically assist my child when needed. Direct assistance will also be provided in the event of injury. Participation in all activities has been discussed with my child's healthcare provider including considerations related to risk of COVID-19.

I understand that I have enrolled my child or children at Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc., whereby webcams are in use and my children are under streaming video surveillance that used for training and management purpose, in addition to, secure accessibility from the web in accordance with the terms and conditions associated with the Spot TV website (also referred to herein as "Spot TV"). By my signature below, I hereby consent to the photographing of myself and/or my minor child(ren) and the recording of my voice and or that of my child(ren) named above. I agree that I have no rights to any of the video footage or photographs for any reason at any time. I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the Content and Service. I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member's account activity associated with my child or children. Copyrighted work includes all web streaming and video/audio recordings. I understand that legal action can be taken against me by Spot TV or Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc. for such copy right infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

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) _____

I understand that there are NO REFUNDS or CREDITS given.

Visa/MasterCard/AMEX Number _____ Expiration Date _____ Camp Amount \$ _____

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

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

14201 Woodcliff Court, Bowie, MD 20720
301-352-5777

Signature of Card Holder (By signing here 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.)

For Office Use Only

Date _____ Charged by _____

Amount _____ Entered/Date _____

Ref # _____ Initials _____

Payment Policies- Register online 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 any other activity. You may change weeks of camp if space is available, however, there is a \$50 charge 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.