



NEAG February Vacation Camp Registration Form

PLEASE PRINT CLEARLY.

**Only one form per camper*

Camper Name:

Sex: M / F	Age:	Birthdate:
Address:		Apt:
City:	State:	Zip:

Parent/Guardian Name #1:

Address:
City, State, Zip:
Home Phone:
Cell Phone:
Email:

Parent / Guardian Name #2

Address:
City, State, Zip:
Home Phone:
Cell Phone:
Email:

Emergency Contact #1:

Relationship to Camper:
Home Phone:
Cell Phone:

Emergency Contact #2:

Relationship to Camper:
Home Phone:
Cell Phone:

Has your child ever been enrolled in a program at NEAG? _____YES _____NO

Pick-Up Authorization

Please list up to three people who are authorized to pick up your child from camp. Individuals listed above are automatically authorized, unless specifically listed as "Non-Authorized" below.

Your child will only be released to an authorized person with a photo ID.

1. _____ 2. _____ 3. _____

Non-Authorized Pick-Up

1. _____ 2. _____ 3. _____

In the signing of this registration form, parents/guardians accept the following statements:

I/We the parents/guardians of (Participant's name) _____ give my/our approval for his/her participation in the programs at New England Academy of Gymnastics. *I/We assume all risks and hazards incidental to the conduct of the programs. *I/We, the undersigned, being of legal age and acting guardian of the participant, releases and holds harmless New England Academy of Gymnastics or any and all representatives of New England Academy of Gymnastics from any and all responsibility of injury acquired by the participant, visiting children, and parent/guardian while on the premises, or at sites associated with participation in the programs. *I/We understand that our child should never be dropped off or picked up outside or left for any extended time without parent/guardian supervision. *I/We understand that New England Academy of Gymnastics reserves the right to dismiss any student whose conduct is detrimental to the overall good of the program. *I/We understand that if an emergency arises which should require immediate medical attention, and we, as the parents/guardians cannot be contacted, the staff of New England Academy of Gymnastics are authorized to take whatever steps necessary to protect the health of the participant.

Parent/Guardian Signature _____ Date _____

New England Academy of Gymnastics
894 Boston Post Road East * Marlborough, MA. 01752
Phone: 508-460-6324 * Fax: 508-460-6320
www.newenglandgymnastics.com

NEAG FEBRUARY VACATION CAMP REGISTRATION FORM

**Only one form per camper*

CAMPER NAME _____

Please check the box next to the days your child will be attending camp. Only one registration form per child. Payment is due in full at the time of registration. Failure to submit payment along with this registration packet may result in loss of enrollment. Enrollment is done on a first-come, first-serve basis, and is not guaranteed. Once camp has reached capacity, additional applicants will be placed on a waitlist. No payment will be processed if a child is placed on a waitlist.

PRICING GUIDE

1st day.....\$80
2nd day.....\$80
3rd day.....\$80
4th day.....FREE

DATE	Daily Schedule	Check Here if Attending	Daily Fees
Tuesday, February 22nd	9:00am-1:00pm		
Wednesday, February 23rd	9:00am-1:00pm		
Thursday, February 24th	9:00am-1:00pm		
Friday, February 25th	9:00am-1:00pm		
Total Fees Due At Registration			

Method of Payment

_____ Cash
_____ Check Check # _____
_____ Credit Card Credit Card # _____ Exp _____

Signature _____

**Make all checks payable to "New England Academy of Gymnastics"*

Please return this form to New England Academy of Gymnastics February Vacation Camp, Camp Registration
890 Boston Post Rd. E. Marlborough, MA. 01752
Phone: (508)460-6324 * Fax: (508)460-6320
newenglandgymnastics@gmail.com



NEAG February Vacation Camp Heath History and Examination Form

THIS PAGE MUST BE COMPLETED AND SIGNED BY A PARENT/GUARDIAN.
IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS LAW, CHILDREN MUST HAVE
HAD A PHYSICAL WITHIN 24 MONTHS PRIOR TO ATTENDING CAMP. PLEASE ATTACH A
COPY OF YOUR CHILD'S MOST RECENT PHYSICAL TO THIS PACKET.

CAMPER NAME

Birthdate _____ Sex _____ Age _____
Home Address _____
City _____ State _____ Zip _____

Parent/Guardian

Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____

Emergency Contact #1) _____ Relationship _____ Phone _____
Emergency Contact #2) _____ Relationship _____ Phone _____

Medical History

Are you, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Frequent Ear Infections	
		Heart Defect / Disease	
		Seizures	
		Diabetes	
		Bleeding Disorders	
		Chicken Pox	
		Asthma	
		Frequent Bloody Nose	
		Surgery	
		Poison Ivy	
		Insect Stings	
		Broken Bone	
		Sprain	

Name of child's physician _____ Phone _____
Name of child's dentist/orthodontist _____ Phone _____

Medical Insurance Information

Subscriber Name		SSN (optional)	
Carrier Name		Carrier Address	
Group Name		Group Numer	

This information is correct and complete to the best of my knowledge. My child _____ has my permission in all camp activities except as noted by me, and/or the examining physician. I hereby give permission to the camp to provide routine health care, administer pre-prescribed medications, and seek emergency medical treatment including x-rays, and routine tests. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above.

Signature _____ Date _____

**THIS PAGE IS TO BE FILLED OUT BY A LICENSED PHYSICIAN OR YOU
MAY ATTACH THE PHYSICIANS OWN FORM**

Camper's Name _____

Please record all dates (month and year) of immunizations and most recent booster doses

Date of last physical exam _____

Must be within 24 months of child's attendance at camp

Height _____ Weight _____ Pulse _____ Blood Pressure _____

VACCINES	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT Diphtheria, Pertussis, Tetanus					
TD Tetanus, Diphtheria					
Tetanus					
Polio					
MMR Measles, Mumps, Rubella					
Measles					
Chicken Pox					
Tuberculin Test					
HB Haemophilus, Influenza					
Hepatitis B					
Other					

Is the applicant currently under the care of a physician? If yes, why. _____

Allergy History

This camper has allergies..... ☐ YES ☐ NO If yes, please document below.

ALLERGEN	Typical Reaction	Treatment Plan

Current Medications _____

*If camper will be taking perscription medication durring the camp day, it must be in the original perscription container with the current correct dosage on it. If dosage is different than listed on the perscription container, the perscribing physician must provide documentation

Recommendations and/or restrictions while at camp _____

In my opinion, the above individual may participate in an active camp program with the noted restrictions above.

Licensed Physicians Signature _____ **Date** _____

Address _____ **Office Phone** _____



February Vacation Camp

MEDICATION AUTHORIZATION FORM

CAMPER NAME _____ DOB _____

All medications including perscription, over-the-counter medications, allergy injections, food supplemements, and vitamins must have a Medication Authorization Form on file to be administered while at camp. Any medications brought to camp must be kept in the medications box, kept by the camp director. This box travels with the campers at all times. No campers may carry their own medications. All perscription and over the counter medication, must be received in its original container with label bearing a current date, child's name, drug name, and the perscribing licensed providers name, or over the counter packaging. Medications brought to camp must come with the child at the beginning of each camp day, and leave with the child upon pickup the same day. NEAG will not keep medications on site overnight.

As the parent of the above named camper, I hereby authorize New England Academy of Gymnastics to administer my child the medications as indicated below. If there is a change in perscription, the child's health care provider must provide documentation.

Parent / Guardian Signature _____

Medication _____
Route of Administration _____ Dosage _____
Frequency _____ Time of Administration _____
Specific directions or information for administration _____
Side effects, or possible adverse reactions to be observed _____

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IMPORTANT CAMP INFORMATION

REGISTRATION

Registration will begin on January 2nd, and will continue up to the first day of camp (availability pending). Payment, as well as all necessary health forms, must accompany a completed registration packet. Once your registration has been processed, you will receive an email confirming your child's enrollment at camp.

REFUNDS AND TRANSFERS

If a cancellation is received prior to the start of camp, a full refund will be issued. Once a child's registration has been processed, if the child fails to attend, experiences incomplete attendance, or is dismissed for any reason, no refund or transfer of fees paid will be made. Transfers from one camp day to another are acceptable if space is available. All transfers are at the discretion of the camp director.

HEALTH AND SAFETY

According to Massachusetts State Law, each child must have a physical examination, and an up to date immunization record signed by a physician to attend camp. Children are required to have had a physical within 24 months of attending camp. Registrations submitted without this required information will be placed in a pending status. This camp must comply with regulations of the MDPH, and be licensed by the Marlborough Board of Health.

SKILLS AND GROUPING

Campers will engage in a mix of large, and small group activities throughout the camp day. For our instructional gymnastics time, campers will be split into groups based on gender, age, and ability level. Groups will not exceed 8 children per instructor. Each child's current skill level will be assessed, and skill progressions will be taught appropriately across all events.

FOOD

Campers must bring their own lunch, drinks and snacks daily. NEAG will have additional drinks available for purchase if necessary. Please note, we are not a peanut-free facility. However, we take food allergies very seriously, and do not allow any sharing of food for the safety of our campers and staff.

WHAT TO WEAR

While doing gymnastics, your child should wear something comfortable and fitted. Leotards for girls, or shorts and a fitted shirt for boys work well. Please no clothing with any buttons, snaps, zippers, or any other embellishment will be allowed in order to protect your child, and our equipment. During chilly days, consider packing layered athletic attire such as sweatpants, long sleeved shirts, or sweatshirts (no hoods please). Please no jewelry except stud earrings. Long hair will need to be pulled back in a pony, braid, or bun.

COVID-19

In order to protect the health and safety of our students and staff, we are requiring all individuals 2 years of age and older wear a mask while inside of our facility. We have enhanced our cleaning regimen to frequently sanitize all high-touch areas throughout the gym and lobby areas, as well as provided additional sanitizing stations at every event in the gym, and in several locations in the lobby area. We ask that any student who is exhibiting Covid-19 symptoms stay home from camp. We are happy to provide a refund as long as we receive notification prior to the start of the camp day. If a student should begin to exhibit symptoms while at camp, they will be quarantined and the parents will be called to pick the child up. We do not require that students be vaccinated against Covid-19 to attend camp. However, if your child IS vaccinated, we request that you include a copy of their Covid-19 vaccine record along with your child's physical and regular immunization record (if it is not already listed).