

YOUTH SPORTS SUMMER CAMP INDEMNITY

I fully understand that Youth Sports Staff members are not Physicians or Medical Practitioners of any kind. With the above in mind, I hereby release the Youth Sports Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Youth Sports Staff to call our doctor and to seek medical help, including transportation by a Youth Sports Staff Member or its representatives, whether paid or volunteer, to seek any health care facility or hospital, or the calling of an ambulance for said child should the Youth Sports Staff deem this to be necessary.

We, the staff of Youth Sports recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, jump rope, trampoline, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, jump rope, trampoline, tumbling, cheerleading and dance, can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instructions. The Youth Sports, its coaches and other staff members, will not accept responsibility for injuries sustained by any student participating in the Youth Sports Summer Camp Program. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Youth Sports. I, my executors, or representatives, waive and release all rights and claims for damages that I or my child may have against Youth Sports or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalizations, health and accident insurance coverage which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Youth Sports will only warn the child through "Safety Messages" and our teaching styles and progressions.

I/We also give Youth Sports permission to use any videos or photographs of the participant for publicity or promotional purposes.

Parent/guardian Signature: _____

Date: _____

Please Sign & Date Here

Signed separate Covid-19 document required

Youth Sports

GYMNASTICS—JUMP ROPE & ACADEMIC CAMP 2020

Week # 1: Sept. 8 - Sept. 11

Week #2: Sept. 14 - Sept. 18

Week #3: Sept. 21 - Sept. 25

Week #4: Sept. 28 - Oct. 2

Week #5: Oct. 5 - Oct. 9

Week #6: Oct. 12 - Oct. 16

Week #7: Oct. 19 - Oct. 23

Week #8: Oct. 26 - Oct. 30

** NOTE!

Possibility of extending dates beyond October 30 based on PWCS School Boards virtual learning decisions.



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YOUTH SPORTS

- * GYMNASTICS
- * JUMP ROPE
- * FITNESS
- * ACADEMIC CAMP



YOUTH SPORTS
14023 Noblewood Plaza
Woodbridge, VA 22193
703-590-8400
www.youthsportsva.com

GYMNASTICS, JUMP ROPE & ACADEMIC CAMP

YOUTH SPORTS, Virginia Training Center's Gymnastics, Jump Rope and Academic Camp Program gives kids a chance to develop new gymnastics and jump rope skills, make new friends and above all have loads of healthy fun while keeping up with their Prince William County online classes this fall! This Camp is open to kids ages 5 - 16. The kids will be assisted with their online classes part of the day and participate in gymnastics, jump rope, arts and crafts, trampoline, movies and more daily. A schedule for the week will be provided on the first day of camp. All full day campers will need to bring a Laptop, Athletic wear, clean tennis shoes and a face mask for use when not exercising, Campers also need to bring 2 snacks and a bag lunch each day along with a water bottle with enough water for the day. The water fountain may not be used during the pandemic. Water is available in the vending machine at a cost of \$1. Names should be clearly labeled on all personal belongings. Personal items may not be shared and Youth Sports will not be responsible for loss or damage to the devices.

Multi-Family Sibling & Active Military Discount Available

FULL DAY CAMP 5-Days: \$185.00

Mon - Fri. 7:00am-5:00pm

Drop of as early as 7am (Elementary School classes begin at 9am
Middle School Classes begin at 8:30 am)

- Late pick-up after 5:00 available at an additional fee of \$5.00/Hour. (Must be pre-arranged and scheduled)

HALF DAY CAMP 5-days \$140.00

Mon - Friday 7:00 am-12:00 pm

DAILY RATE /PARTIAL WEEK: \$50.00/ Day

- Late pick-up available at an additional fee of \$5.00/Hour. (Must be pre-arranged and scheduled)
- 10% Sibling Discount** (discount after first child)

DEPOSIT & PAYMENT INFO.

A non-refundable deposit of \$25.00 is due for each week of registration for all camps. Deposit applied toward tuition. Registration is due 2 weeks prior to the start of camp.

Youth Sports

GYMNASTICS—JUMP ROPE & ACADEMIC CAMP 2020

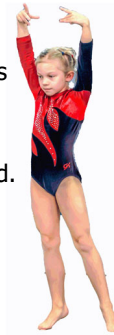
Ages 5-16

YOUTH SPORTS PROVIDED

- * Classroom Desk Dividers
- * High Speed Internet during class time
- * Assistance with classes including Online Canvas & Zoom Platforms
- * Daily Scheduled School Work Time
- * Gymnastics & Jump Rope Activities
- * Flexibility and Conditioning
- * Team Building and Fitness Games
 - * Arts & Crafts
- * CDC Guidelines for camps followed.

REQUIRED ITEMS

- * Laptop/Backpack
- * Earphones/Headphones
- * 2 Snacks & Bag Lunch Daily
- * Athletic wear and clean tennis shoes
 - * Water Bottle
- * Participant's Name on all items



YOUTH SPORTS

Academic Camp Registration Form PARTICIPANT INFORMATION

Name _____

Address _____

Participant Age: _____ (must be 5 years old)

Date of Birth: _____

Health / Medications / Allergies _____

Please check week (s) of Camp registering For:

___1___2___3___4___5___6___7___8

___1/2 Day \$140.00 ___ Full Day \$185.00

___ Daily Rate \$50.

Please Check Days Attending:

___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ 5 days

PARENT/GUARDIAN INFORMATION

First Name _____

Last Name _____

E-mail : _____

Emergency Phone # _____

Additional Phone # _____

INSURANCE / PHYSICIAN INFORMATION

Physician Name _____

Phone # _____

Insurance Co. _____

ID # _____

DEPOSIT / PAYMENT INFORMATION

Deposit: Cash ___ Check ___ CC ___ Date ___

PLEASE SIGN THE BACK OF THIS FORM

* **Register early to reserve your spot!**

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