

First State Gymnastics

Summer Camp

131 John F. Campbell Drive/ Newark, DE 19711

Tel: 302-368-7107

Fax: 302-368-7105

Website: www.firststategymnastics.com

E-mail: info@firststategymnastics.com

Below you will find a list of all necessary documentation needed before your child's first day of camp as well as a copy of all other important documentation you may need. We have also included a helpful list of items your child will need if they are either ½ day or full day campers.

Camper's Health Records Needed:

1. An updated Physical Exam signed by Physician
2. Certificate of Immunizations

Camper Information:

1. Camper/Parental Information Form and Emergency Contact
2. Medication Authorization Release
3. Authorization for Emergency Care
4. Waiver
5. Photo Release
6. Pick Up/Release Form
7. Camp Schedule of Activities

What to bring to Camp?

- Half Day campers will need a snack, drink and water bottle.
- Full Day campers will need at least 2 snacks with 2 drinks, lunch with an additional drink, and water bottle.

***Please have your child dressed in comfortable clothing that allows for movement but not excessively loose. All children with long hair must have it tied back prior to arriving at camp.

Camper and Parental Contact Information

Camper's Full Name _____ DOB _____ Age _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Parent1/Guardian Name _____

Address _____ City _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

Parent2/Guardian Name _____

Address _____ City _____

Home Phone _____ Work Phone _____

Cell Phone _____

Parent Signature _____ Date _____

IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED, PLEASE LIST NAME AND PHONE NUMBER OF A RELATIVE OR FRIEND WE MAY CONTACT.

Emergency Name1 _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Emergency Name2 _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Emergency Name3 _____ Relationship _____

Home Phone _____ Work _____ Cell _____

By signing below, I give First State Gymnastics permission to contact the above listed individuals in the event neither parent can be reached.

Parent Signature _____ Date _____

Camper Pick up Release Form

I give the First State Gymnastics permission to release my child/children

_____ to _____
(Names) (Name of Substitute)

As a substitute for parental pick up on _____
(Days/Dates)

Substitute's Phone # _____

_____ Date _____
Parent/Guardian Signature

Print Parent/Guardian Name

Parent/Guardian Phone #

I give First State Gymnastics permission to release my child/children

_____ to _____
(Names) (Name of Substitute)

As a substitute for parental pick up on _____
(Days/Dates)

Substitute's Phone # _____

_____ Date _____
Parent/Guardian Signature

Print Parent/Guardian Name

Parent/Guardian Phone #

Authorization for Emergency Care

I, _____

Parent/Guardian of _____,

do hereby give the First State Gymnastics permission to secure and authorize such emergency medical treatment as the above named might require while under the supervision of First State Gymnastics. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to contact the parents/guardian in case of emergency.

In the event of an emergency it would be necessary to have the following information:

Physician's Name _____

Phone # _____

Preferred Hospital _____

** Emergency Personnel make the final decision in which hospital to transport

Parent/Guardian Signature _____

Date _____

PLEASE be RESPECTFUL of those
who are ALLERGIC!!



****Otherwise the lunch/snack may not be eaten in our facility****

Camper Pick-up Release Form

In order for us to release your child at the end of camp each day to whomever is picking them up, we must have a name from the parent or legal guardian on file with your signature authorizing us to do so. We will also have a daily sign-out sheet to ensure your child's safety. If something should change after you have submitted this form, be sure to notify us as soon as possible. Thank you for your cooperation regarding this matter.

Child's Name: _____

Parent Signature: _____

Name of person the child will be released to: _____

Relation: _____

Day & Date: _____

Name of person the child will be released to: _____

Relation: _____

Day & Date: _____